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Communications.

"MASTERLY INACTIVITY" IN THE TREATMENT OF DISEASE.

BY S. M. HAMILTON, M.D.,
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The bulk of our current literature is written from the standpoint of experience and observation in large hospitals. Our text books on theory and practice are, for the most part, deductions from clinical studies of cases treated in these institutions. While the importance of the matter thus obtained is acknowledged, we cannot resist the conviction that too little attention has been given to the fact that these were hospital patients, generally poor, ignorant, dirty, ill-fed, ill-clad, and poorly housed in their normal condition. That disease among such is very different in its requirements, as to treatment, from the same type of disease among the robust, well-fed denizens of the rural districts, no one can deny. No doubt acute disease of any description, originating in the slums and dirty lanes of a large city, would be decidedly atonic in its character, requiring sustaining treatment and stimulation from first to last. Indeed, the most careful clinical observation shows that this line of treatment is proper, generally, with such cases. But it would be well to remember that all cases are not like these: that nine-tenths of the world's people live outside of the large cities, and, as a class, require a radically different mode of procedure in the care of their sick. This, of course, would be assented to by all of our teachers and writers worthy of a name and place in our literature. Nevertheless, it is a fact that in their public utterances it is almost entirely ignored. It might be said, in excuse, that our teachers expect one to think for himself, and draw his conclusions as much in the light of his own as the experience of others. That he shall adopt a line of treatment according to the requirements of the particular case in hand. True; but unfortunately the habit of independent thought comes slowly and painfully to most men; to some never, and to all through much tribulation, of broken idols and disheartening failures. Most of our teachers, no doubt, steer as wide of dogma as could well be expected under the circumstances. But the truth is, they are not in a situation to realize the importance of this matter. Possibly it is not very pleasant for a learned and celebrated teacher to acknowledge before his pupils that the maxims which he has been laying down with such earnestness are results of observations extending over only a very small segment of the great circle of scientific truth.

One of the many evils inflicted upon our profession by this vicious mode of teaching and writing is that professional heresy very appropriately styled the "Let alone" plan of treatment. It is not claimed that the "expectant" mode of treating disease is always wrong: far from it. In some cases this is all that is left for the practitioner. But that it has the wide, almost universal, application claimed for it by many men in the profession, great and small, is undoubtedly a most mischievous heresy. Many of our most celebrated teachers and writers of to-day teach and write that nothing can be done in the way of aborting, or even shortening the duration of an attack of disease, under any cir-

cumstances: that all diseases, including pleuritis and acute pneumonia, must run their allotted course: and all we can do is to conserve the natural forces of the body against its influence. And then, if the patient has stamina enough to outlast the disease, he gets well. If not, not. Stripped of verbiage, this is the position of the so-called conservative school of practice now. After all the labor, energy and painstaking research, from the time of Galen and Hippocrates to the present, we have come to this "most lame and impotent conclusion," that we can do nothing. Beyond question, to Germany belongs the honor (?) of having originated this heresy. Certainly, the contributors to that exhaustive and *exhausting* work, "Ziemssen's Cyclopedia," lay down this law for all the world, with true German, hard-headed dogmatism. It reminds us of that other very learned German who studied and dreamed over "pipe and mug" so many years, and at last heralded to the world that all medicinal virtue and all curative power was contained in a small pellet of glucose, containing an infinitessimal atom of nothing. "Similia similibus curantur."

A fair specimen of this mischievous teaching is Juergensen's contribution to the aforementioned Cyclopedia, on the subject of pneumonia. He passes in dignified silence all authorities not German, and dismisses with a sneer of contempt all modes of treatment called "antiphlogistic," as entirely behind the professional advancement of the age. He seems to have constructed a little "Procrustean bed" at the little clinic of Keil, and asks, nay, demands, that the whole world squeeze itself into it. That cases of pneumonia are properly treated by stimulants from first to last is not denied. And Juergensen's cases in the clinic of Keil may all have been of this type, and were treated as they should be. It would seem, however, that the frightful mortality among his patients ought to have raised at least a doubt in his own mind as to the correctness of his views. But not so. He "lays down the law" that this is the best and only proper treatment for pneumonia.

The bane of the medical profession of to-day is empiricism in high places. Why should any man say that this or that is the way to treat pneumonia, scarlatina, typhoid fever, smallpox or measles, or anything else? It would be a happy day for us all if all generic names for diseases were struck out of existence. They are of no use, and only calculated to mislead the unwary. Names are nothing, conditions everything, in the treatment of disease. As it is, a man like Juergensen will report, say one hundred cases of pneumonia: says but little about the real diseased condition present, nothing as to their previous surroundings in their homes, nothing as to their previous health. They were admitted to the clinic of Keil, and had pneumonia, and were treated thus and so. What is the value of such reports as these? What are they worth as guides to the general practitioner outside the clinic of Keil or similar institutions? As a rule, plans of treatment based upon observations of disease as found generally in large metropolitan hospitals are valueless as guides when dealing with the same type of disease as it exists in the rural districts. It should be remembered that more than nine-tenths of the human family live outside the large cities, and that nine-tenths of our young physicians go into the country to practice. Our college professors should see to it that they are not misled by these false lights at the very opening of their professional career.

It is not the purpose of this paper to discuss the vexed question of malaria, or the causes operating in the production of our so-called "zymotic diseases." It is highly probable that the causation exists in almost as many forms, and in as great variety, as the cases themselves. Let this be as it may, all agree that there is a morbific poison of some kind, introduced into the circulation in some way, which produces the disease.

In nearly all cases there is a space of time in the commencement of the attack when the glandular system will respond to the effects of medication, and their excretory ducts carry off the products of secretion. Why should we not take advantage of this golden opportunity to get rid of at least a part of the poison which is circulating in the blood vessels, and destroying the life? It is true that no one can demonstrate to a certainty that he has aborted or cut short a case of disease, for he does not know what it would have been if left to itself: but the strong conviction that it has and can be done pervades the minds of thousands who are a little "offish" about asserting it, for fear of being considered old-fashioned. That there are an exceptional number of cases of disease, in certain epidemics, in which the powers of life are so suddenly stricken down that there is no time for such procedure, in which paralysis of all the secreting and excreting organs takes place in the very onslaught of the disease. In these, of course, there is little left but the sustaining and expectant treatment, and here is its legitimate field of operations: a *dernier ressort*, when nothing else can

be done. It is not true that our warfare against disease should always be defensive. A vigorous attack upon the stronghold of the enemy will very often give the best results.

INVERSION OF THE BLADDER.

BY A. LANGWORTHY, M.D.,
Of Greenwich, N. Y.

Reading the cases reported in your journal, Feb. 1st and 8th, of "Inversion of the Bladder in Children," it occurs to me that possibly a history of a case in the adult might be of interest, and were it not that I object to the endeavor to rush into print with single cases of any special form of disease, it would probably have been previously written out.

During the summer of 1876 I was called to see a Mrs. B.. of Tunkhannock, Rensselaer county, New York, for the purpose of diagnosis and prognosis; and upon arriving, after resting, it being a twenty-mile drive, proceeded to a careful examination of the patient.

The history of the case was a very usual one. Years of endometritis and disease of the cervix uteri, with its train of attendant ills; the case unattended to, from prejudice on the part of the lady to so-called uterine treatment with examinations: from the neglect, her nervous system becoming gradually broken down, her whole system lowered in tone and power, disease of the larynx and bronchia supervening, and tuberculosis fully developed and rapidly gaining ground, from loss of power of resistance.

The prognosis could, of course be but one way, unfavorable, and while life might be prolonged, yet even this result could only be transient, and life could last but a few months at best.

In a general conversation, she gave me a full and succinct history of the commencement and progress of her uterine troubles, and regretted she had not attended to them in time; but while she said she suffered "a great deal of straining, bearing down, and difficulty of micturition," declined to have a present examination, "as it was too late," and I, coinciding with her, did not insist upon it.

One week after I received a hurried message from her, requesting an immediate visit, she being quite alarmed, and saying "everything was coming down out of her."

An examination of this part of her body revealed, not a form, or any form of uterine displacement, or prolapsus, but the vaginal opening was covered with a blood-red tumor, tender, exquisitely tender, to the touch, angry and irritable. Not having with me any anæsthetic, and her agony being so great upon any attempt at manipulation, I, drawing in my mind a conclusion of some form of polypoid, advised soothing treatment, applications of heat, cosmoline and subnit. bismuth, for dressing, and agreed to remove it one week from that day.

Upon Sunday following I went again, and found the swelling but slightly tender, and the lady so comfortable, she had almost concluded to send word for me not to come. I proceeded to a careful diagnosis, proposing to operate with the ecraseur, or in whatever way seemed most applicable to the case. Examining carefully, raising it with my left hand (it was two inches by two and a half in size), I found it proceeded from the urethra, and upon questioning found that while there was frequent desire to urinate, and tormina and tenesmus of the bladder, yet the urine flowed quite freely; "it always made her strain so," she said, and "seemed as if she was never done;" she "had to stop while yet feeling the desire," etc.

Still more carefully inspecting the case, I saw that while the general mass was globular, yet I could detect upon its surface a set of apparently concentric rings, becoming smaller and smaller toward the centre. Looking at it, and studying upon its character, and the difference between it and the ordinary polypoids, a thought occurred to me; I took from my case a Sims catheter, and covering it well with cosmoline, placed the end upon the centre, as near as I could, and with a gentle push it entered the bladder, and the urine flowed freely; my diagnosis was, upon tracing it all around the catheter, complete. I had a case of inversion of the bladder.

Smearing my right hand thoroughly with the same grease, and gathering up the swelling, and manipulating it with the palm ends of the fingers, after forty minutes steady and careful manipulation I returned it all within the urethra, and with the forefinger in the urethra completely restored it to position.

The consequent relaxation of the urethral walls, and the still irritable condition, causing almost continual effort upon the part of the patient not to strain and try to urinate, led me to inject a few drops of morphia hypodermically; as an additional precaution I introduced a Sims catheter, and with adhesive straps fastened it to her body, and directed her to use cloths, to prevent accumulation in the bladder.

The case progressed very well, notwithstanding her otherwise critical condition, she experiencing no further trouble in this respect, up

to her death, which occurred a few months later, from her tuberculous disease.

The after treatment was simple. The catheter was left inserted for thirty-six hours; then the lady's daughter was taught its use, and used it at regular hours for one month. She was also taught how to insert, twice a day, a suppository of cocoa butter, containing gallic acid, in the urethra. This was all the special treatment to prevent the recurrence of the inversion.

A TROUBLESOME PARASITE.

BY C. H. SHIVERS, M.D.,
Of Haddonfield, N. J.

Madgie P., three years of age, whose home is in a neighborhood where, in the spring and fall, almost every case of sickness needs anti-malarial treatment, had been suffering, for seven or eight days, during last October, with a quotidian intermittent. After the old women's remedies had been exhausted I was sent for, and, as a matter of course, diagnosed the case malarial fever. The symptoms were—fever every afternoon, lasting until morning and followed by profuse sweats; bowels alternately constipated and relaxed; tongue somewhat dry and furred; continued thirst; disgust for all food except milk; rapid emaciation; extreme debility.

Never during my experience has a case presented itself which called more loudly, and plainly and persistently, for specific treatment. With emphatic assurances to the family that on the morrow, or at the furthest, the next day but one, their child would be transformed from this miserable state into something like its former self, I ordered the following, viz.:—

℞. Quiniæ sulphat., gr. xvj
Vini pepsini,
Syr. glycyrr., comp., āā. f. ℥j. M

Sig.—Teaspoonful every two hours, as directed.

Whether all physicians experience, at times, that "soft and subtle" consciousness—that "Mens sibi conscia recti"—steal upon them, and suffuse their inmost selves, I do not know; but at the time of writing the above prescription I felt it, and pictured to myself how pleased the parents would be to see their only child so soon relieved. My visit was made between breakfast and dinner. The next day, toward evening, I again visited my patient, and came upon her in the act of taking a dose of medicine, which, almost as soon as swallowed, was ejected. This had been the case, I was informed, every time it was taken. She had a high fever, which came on at the usual time, and all the symptoms were "In statu quo ante bellum." After giving orders to administer half the quantity of medicine, I left. Every day for two weeks my visits found the patient no better. Quinia, cinchonidia, cinchonia, followed by acid. hydrochlor. dil., and liq. potas. arsenit., with tinct. aconiti, liq. potas. cit., etc., during the fever, were given persistently, sometimes being retained and sometimes rejected by the stomach. Finally the child's parents were so emphatic in their denunciation of the "nasty medicine," that, having in mind a vision of homœopathy and its sweetness stepping into my shoes, I left some parvules of calomel, one-tenth of a grain each (prepared by Wm. R. Warner & Co.), to be given, one every two hours. The next day I approached the house with fear and trembling, expecting to find my little patient sinking. What was my joy and surprise on being greeted by the mother with, "Doctor, the baby is much better, and had no fever yesterday!" She, at the same time, handed me a tumbler containing a large *ascaris lumbricoides* (round worm), about five inches long, which the child had passed the day before, after taking three or four parvules. The nausea had also disappeared. After this I paid but three more visits, and the child speedily recovered.

AN EASY METHOD OF REMOVING WENS.

BY E. H. COOVER, M.D.,
Of Harrisburg, Pa.

About one year ago I was consulted as to the removal of a sebaceous tumor, just where the suspender crossed the shoulder. I explained to the patient the nature of the growth and the importance of having the entire cyst removed. He was not willing that much cutting should be done, but requested me to open and evacuate its contents. I then made a small opening into the sack, and pressed out its contents, by making sufficient pressure on the tumor to evacuate the sack. I discovered at the opening an accumulation of pulpy substance. I introduced a pair of small forceps, caught a fold of the sack, and with gentle traction removed it entire. The parts united, and a good cure was the result. I thought no more of this mode of operating until Feb. 25th, 1879, when Dr. Madden, of Baldwin, invited me to see and operate on a lady patient of his who was afflicted with a large wen over the occipital ridge. She was in delicate health, and was fearful she could not endure the removal of

the sack with the knife, but was exceedingly anxious to have something done with the growth, as it prevented her from lying on her back. I made an opening of half an inch, penetrating the sack here as in my first case, evacuated the contents, and removed the sack with little pain, in the short period of a few minutes. This is done very much as a boy kneads an orange when sucking its juicy contents from a small opening. By this kneading process the connections between the sack and surrounding integuments are broken and the sack becomes entirely loosened.

April 22d, 1879, I had an opportunity of repeating this mode of operating, in the removal of five of these sebaceous tumors, from the size of a common chestnut to that of a small hen's egg, from the heads of two persons, mother and daughter. I opened one after another, manipulating the same as in the other two cases, and in three of them was equally successful in removing the sack; these contained a thick, cheesy-like substance; the two last contained a thin fluid, with broken down cell walls; the sack in these was thin and brittle, coming away in pieces; the removal was more tedious and painful, but not near so difficult as it would have been to have dissected off the sack with a knife.

Hospital Reports.

GERMAN EYE AND EAR INFIRMARY, PHILADELPHIA.

SERVICE OF DR. M. LANDESBERG, SURGEON IN CHARGE.

833 Cases of Ear Diseases.

During the time of its existence, from July 30th, 1876, to December 31st, 1878, there have been treated in the German Eye and Ear Dispensary 833 ear patients, the different kinds of diseases of whom are described in the following clinical report:—

(*A*) EXTERNAL EAR.

(*a*) AFFECTIONS OF AURICLE.

1. *Eczema of auricle and of external auditory canal* was observed in 50 cases—in 14 men, 12 women, 13 boys and 11 girls.

The ages were as follows:—

Men.		Women.	
From 18 to 30 years,	7	From 20 to 30 years,	3
31 – 40 "	2	31 – 40 "	5
41 – 50 "	3	41 – 50 "	4
51 – 60 "	2		
Boys.		**Girls.**	
From 1 to 5 years,	8	From 1 to 5 years,	9
6 – 10 "	5	6 – 10 "	2

There were affected in both ears, 8 men, 7 women, 10 boys and 8 girls; in the right ear, 5 men, 2 women, 3 boys and 3 girls; in the left ear, 1 man and three women.

In 27 cases the disease affected the auricle only; in 23 cases it spread to the external auditory canal; in some cases the eczema occupied the surrounding parts of the ear, extending even to the head.

With the children the combination of eczema of the head and face was very often observed.

In the acute state of the disease I ordered, with the best result, applications of 20 drops of liquor plumbi subacetici in a cup of warm water, and when the inflammatory symptoms had subsided I gave an ointment of white precipitate to be rubbed on the affected parts twice a day, besides ablutions with warm water and soap. Under this treatment even the most neglected cases were cured, if the patients continued the use of the ointment as long as there existed any signs of inflammation of the skin. The liability to relapse is very great, and the relapse mostly occurs in patients who, satisfied with the good primary result of the ointment, neglect its further application.

2. *Othæmatoma* of the right auricle was observed in the case of a laborer's wife, 23 years old. She suffered from otitis externa of the left ear, with great swelling of the soft parts. The general health of the woman was perfectly good. The othæmatoma presented a tumor of the size of a walnut, occupying the middle of the concave surface of the auricle. It was of a bluish-red color, and doughy to the touch. There was no assignable cause of its development. There had been no traumatic lesion. Incision evacuated dark, coagulated blood, bringing perfect restoration without the least disfigurement of the auricle.

3. *Nævus* of the auricle was observed in the cases of two children, aged respectively 2 and 5 weeks. In both cases the affection was congenital. In one case the nævus occupied the right ear lobe, in the other the concave side of the right auricle. They were very small, flat, and circumscribed. I abstained from therapeutics.

4. *Telangiectasis* of the auricle was observed in two cases, *viz.*:—

(I) Of a shoemaker's boy, 3 years old, on the anterior surface of the left helix.

(II) Of a laborer's daughter, 9 months old, on the anterior surface of the left ear lobe.

In both cases the telangiectasis were flat, of slight extension, and developed post-partum. In the first case telangiectasis was removed by the injection of a weak solution of sesquichloride of iron; in the second case by vaccination.

5. *Tumors*—fibroma— of the auricle were observed in two cases, viz.:—

(I) A laborer's wife, 48 years old. Tumor of the left auricle, of the size of a pigeon's egg, occupying the middle between the helix and concha, of firm, slightly elastic consistency, immovable and covered with healthy skin. The tumor was of slow growth, covering the space of 17 years. In the last two years, when the menses stopped, the tumor progressed very rapidly to its present condition. No pain. General health good.

I made an incision of the skin through the whole length of the tumor, enucleated it, cut off the redundant skin flaps, and closed the wound by sutures. Healing per primam.

(11) Tanner's wife, 43 years old, sister of the former. Fibroma, of the size of a walnut, in the inferior third of the left auricle, between the helix and concha. Skin normal. Growth of two years. General health good. I made the same operation as above described, with the same result.

6. Split ear lobes were observed in a smith's daughter, 2 years old, caused by wearing ear rings. My method of operating was like that recommended by Knapp (Archives for Ophthalmology and Otology, vol. III, 2). It is an operation based on the method pursued by Langenbeck in hare-lip. The result was a very fine one.

(*b*) AFFECTIONS OF THE EXTERNAL AUDITORY CANAL.

1. *Diffuse inflammation of the external auditory canal* (*otitis externa*) was observed in 101 cases—in 16 men, 26 women, 15 girls and 17 boys.

The ages were as follows:—

Men.		Women.	
From 18 to 30 years,	21	From 18 to 30 years,	13
31 – 40 "	6	31 – 40 "	5
41 – 50 "	8	41 – 50 "	2
51 – 60 "	7	51 – 60 "	3
61 – 70 "	4	61 – 70 "	3
Girls.		Boys.	
From 3 to 5 years,	7	From 1 to 5 years,	6
6 – 11 "	8	6 – 10 "	7
		11 – 15 "	4

There were affected in both ears, 30 men, 14 women, 4 girls and 8 boys; in the right ear, 8 men, 7 women, 6 girls and 5 boys; in the left ear, 8 men, 5 women, 5 girls and 4 boys.

A frequent cause of inflammation of the external auditory canal of adults was cold river bathing in the hot days of July and August. Also in other seasons exposure to cold was the main cause of this trouble.

The children were brought to me mostly in a very neglected condition, with offensive, nauseous discharge. Here the affection was in many cases the consequence of scarlatina and measles, but in others no cause could be ascertained.

In three cases of men, otitis externa was complicated with myringitis.

The treatment was antiphlogistic in cases of acute inflammation. If there was discharge, the ear was carefully syringed twice a day with lukewarm soap water, in combination with the use of a solution of carbolic or salicylic acid, and of astringents.

2. *Circumscribed inflammation of external auditory canal—furuncle*—(otitis externa circumscripta) was observed in 26 cases—in 14 men, 10 women, 1 girl and 1 boy.

The ages were as follows:—

Men.		Women.	
From 20 to 30 years,	6	From 17 to 25 years,	7
31 – 40 "	5	26 – 30 "	3
50 – 60 "	3		

The girl was 11 and the boy 8 years old.

There were affected in both ears, 1 man; in the right ear, 8 men, 7 women, and 1 boy; in the left ear, 5 men, 3 women, and 1 girl.

In the early state of the affection I succeeded sometimes in checking its further development by cauterizing the furuncle with nitrate of silver (abortive treatment of Wilde). In all other cases the treatment consisted in making a deep incision through the furuncle and fomenting it with warm water. In a couple of cases, where patients would not allow incision to be made, the furuncle was brought to suppuration by application of hot poultices.

3. *Impacted cerumen in the external auditory canal* was observed in 105 cases—in 67 men, 24 women, 6 girls and 8 boys.

The ages were as follows:—

Men.		Women.	
From 20 to 30 years,	24	From 20 to 30 years,	7
31 – 40 "	16	31 – 40 "	6
41 – 50 "	12	41 – 50 "	5
51 – 60 "	10	51 – 50 "	6
61 – 65 "	5		
Girls.		Boys.	
From 11 to 15 years,	6	From 5 to 11 years,	8

There were affected in both ears, 36 men, 11 women, two girls and 5 boys; in the right ear, 20 men, 7 women, two girls and two boys; in the left ear, 11 men, 6 women, 2 girls and 1 boy.

With one exception, the patients complained of sudden or gradual decrease of hearing, of pressure and noise in the ears. In many cases the loss of hearing was so great that patients could hardly understand a loud voice close to the auricle. These symptoms disappeared as soon as the cerumen was removed. But normal hearing was not always restored. There remained thickening and opacity of the tympanic membrane, which impaired hearing.

In the case of a shoemaker's wife, fifty years old, impacted cerumen was the cause of intense pain in the interior of the ear, irradiating to the head and all over the face, and of repeated attacks of oppression and vertigo. The affection had lasted already eighteen months, making the patient very nervous and prostrated. She had been treated all this time as suffering from nervous disease consequent upon suppression of the menses. The examination of the external auditory canal showed it to be filled up to the opening with a dark brownish matter, firmly packed together. After the impacted cerumen was removed, the patient was at once totally relieved from all fits of giddiness, nervous attacks and pain.

For removing impacted cerumen, I never use any instruments. Carefully syringing with lukewarm soap water, adding sometimes an alkaline solution to be dropped into the external canal, I always succeed in bringing about the desired result. If, after the removal of the cerumen, there is still some noise in the ear, I use for some time Politzer's bag. If there is soborrhœa I treat it by astringents.

4. *Soborrhœa of external auditory canal* of both ears was observed in 10 cases—in 4 men (aged respectively 18, 21, 33 and 46 years), 3 women (from 20 to 25 years), 2 girls (aged respectively 14 and 15 years), and 1 boy, 13 years old.

The treatment consisted in cleansing the canal with lukewarm soap water, and administering astringents.

5. *Diminished secretion of cerumen* was observed in 6 cases—in 4 men (from 30 to 45 years), and 2 women, aged respectively 41 and 59 years.

There were affected in both ears 3 men; in the right ear, 1 man and 1 woman; in the left ear, 1 woman.

The patients complained of a very disagreeable itching in the auditory canal. This was found to be red, bloody and dry. The patients generally aggravated the affection by scratching their ears with hairpins, nails, etc., in order to appease this itching.

The use of an alkaline solution to be dropped into the ear several times a day, and the inunction of cosmoline, always led to perfect recovery if patients could be prevented from further irritating the ears.

6. *Polyps of external auditory canal* were observed in 11 cases—in 2 men (27 and 35 years old), 6 women (from 30 to 45 years), and 3 girls (aged respectively 10, 12 and 14 years).

There were affected in both ears, 4 women; in the right ear, 2 men, 2 women and 1 girl; in the left ear, 2 girls.

In two cases polyps filled up the whole canal.

The treatment consisted in removing the polyps by means of Wilde's aural polypus snare, cauterizing afterward the remaining parts with nitrate of silver, or applying tincture of opium.

7. *Foreign bodies in the external auditory canal* were observed in seven cases, viz:—

(1) Saloon keeper's son, 4 years old. Pebble in the left canal.

(2) Shoemaker's son, 7 years old. Paper ball in the left canal.

(3) Barkeeper's daughter, 8 years old. Bean in the left canal.

(4) Laborer, 25 years old. Pea in the right canal, forced in by way of playfulness.

(5) Musician's son, 6 years old. A piece of slate pencil in the left canal.

(6) Laborer's daughter, 9 years old. Glass pearl in the right canal.

(7) Seamstress, 19 years old. Cotton ball in the right canal.

The latter patient came to me complaining of noise in the right ear, hard hearing and temporary giddiness and neuralgic pain. Examination of the ear showed the external auditory canal filled up with a brown matter. Supposing I had to deal with impacted cerumen, I ordered the ear to be syringed with lukewarm soap water for a couple of days. Patient followed my advice very conscientiously, but without any success. On examining the substance with a probe, it proved to be somewhat hard. Introducing the knee forceps into the canal, I succeeded in removing at once the whole mass, a cotton ball with cerumen. The patient was very much astonished to see this corpus delicti. She remembered that some years ago she had toothache, for which she put into the ear some cotton with cologne water, acknowledging the possibility of having forgotten the removal of it. Perfect recovery soon set in.

At first I never used extracting instruments for removing the foreign body, but applied injections of lukewarm water. In the majority of cases (2, 3, 4, 6) I succeeded in bringing the foreign body so far in front as to be able to remove it with the forceps. In the cases of 1 and 5 extracting instruments had to be used, the foreign bodies being too deeply seated in the auditory canal.

8. *Stenosis of the external auditory canal* was observed in two cases, viz.:—

(1) Car driver, 49 years old. Stenosis of the left auditory canal, the result of a scald. The smallest speculum could not be introduced. Could hear whispering at two feet distance.

(2) Laborer, 67 years old. Stenosis of the right auditory canal, gradually developed without any assignable cause. The canal was so narrow that only a very fine probe could be introduced into it. Could hear whispering at five feet. No syphilitic history.

In both cases no therapeutics.

(*c*) AFFECTIONS OF THE MEMBRANA TYMPANI.

1. *Acute myringitis* was observed in 11 cases—in 9 men, 1 woman and 1 boy.

The ages were as follows:—

Men.	Woman.	Boy.
From 20 to 30 yrs., 5	28 yrs. old.	10 yrs. old.
40 – 50 " 4		

There were affected in both ears, 2 men; in the right ear, 5 men and 1 woman; in the left ear, 2 men and 1 boy.

In all cases the affection was caused by exposure to cold.

Therapeutics were antiphlogistic. Hydropathic applications during the night proved to be most effectual to relieve pain and to check the progress of the affection. In 5 cases paracentesis of the membrana tympani was made.

2. *Lesions of the membrana tympani* were observed in 5 cases, viz.:—

(1) Machinist, 23 years old. Rupture of the left membrane, in its anterior half, consequent upon a blow.

(2) Laborer, 31 years old. Rupture of the right membrane, parallel with the malleolus, consequent upon a cannon shot discharged near the person, July 4th, 1877.

(3) Plumber, 51 years old. Rupture of the right membrane, along the malleolus, following the discharge of a pistol, July 4th, 1878.

(4) Smith, 44 years old. Rupture of the left membrane, in its anterior part, caused by a pointed nail introduced to scratch the ear.

(5) Tailor's daughter, 15 years old. Rupture of the left membrane, in its anterior half, caused by a knitting pin, with which the girl was accustomed to scratch her ear.

All these cases came fresh to my observation.

Closing the ear with cotton produced perfect recovery without any other treatment.

3. *Lime incrustation of the membrana tympani* was observed in 8 cases—in 6 men (from 50 to 63 years) and two women (aged respectively 57 and 69 years).

There were affected in both ears, 2 men; in the right ear, 4 men; in the left ear, 2 women.

The symptoms were noise in the ear and impairing of hearing.

The air douche was tried, without much benefit.

(*B*) AFFECTIONS OF THE MIDDLE EAR.

1. *Acute catarrhal inflammation of the middle ear* (*otitis media acuta*) was observed in 23 cases—in 15 men, 6 women and 2 boys.

The ages were as follows:—

Men.		Women.	
From 17 to 30 years,	7	From 18 to 30 years,	4
31 – 40 "	5	40 – 49 "	2
41 – 45 "	3		

Boys.

From 10 to 15 years, 2

There were affected in both ears, 7 men, 2 women and one boy; in the right ear, 5 men and 3 women; in the left ear, 3 men, 1 woman and 1 boy.

In all cases exposure to cold was the cause of the affection.

The treatment consisted in antiphlogosis, cathartics, paracentesis of the tympanic membrane, and hydropathic applications for the night. After the inflammatory symptoms had subsided, I applied Politzer's bag or air douche.

Paracentesis is the most heroic remedy in this affection, of the same consequence as iridectomy in glaucoma. At first I was rather a little too timid with the employment of paracentesis, but in the course of time I regarded it as the first indication in all cases of acute inflammation of the middle ear.

2. *Chronic catarrhal inflammation of the middle ear* was observed in 142 cases—in 74 men, 49 women, 6 girls and 13 boys.

The ages were as follows:—

Men.		Women.	
From 18 to 30 years,	15	From 20 to 30 years,	9
31 – 40 "	17	31 – 40 "	10
41 – 50 "	13	41 – 50 "	11
51 – 60 "	19	51 – 60 "	10
61 – 70 "	7	61 – 70 "	9
71 – 75 "	3		

Girls.		Boys.	
From 10 to 15 years,	6	From 9 to 15 years,	13

In 16 cases (of 8 men, 7 women and 1 boy) the disease affected one ear; in all other cases both.

The patients came mostly under observation after years of suffering, after having tried in succession all other dispensaries. From the majority of the patients exposure to cold was ascertained as the cause of the affection. With many there was hereditary disposition to chronic catarrhs of the middle ear. 11 men and 4 women were suffering from tuberculosis. 7 men and 2 women stated to have previously suffered from syphilitic affections. Of the children, diphtheria had occurred in three cases, and inflammation of the parotid in one case.

This class of patients is the great bore of the dispensary. Many, who by due patience and perseverance would have attained at least an improvement of their condition, cannot be induced to undergo a regular treatment. They are careless in following medical advice, discontented even if there is any improvement, because it is so slow, and give up the treatment after a week or two, to abuse another dispensary.

In some cases of so-called "catarrhus siccus" of the middle ear, where the nervous symptoms, especially the ringing and tinnitus, are so excessive that the condition of the patients borders almost on mental derangement, I obtained great relief by drawing, with Sigle's pneumatic otoscope, the membrane outward.

"Catarrhus siccus," with nervousness and hysteria, I often met with in female patients, especially old maids. They regard hysteria and nervousness as the primary disease, the ear affection as secondary only, in which opinion they are generally confirmed by the foregone treatment.

In two cases of chronic catarrh of the middle ear (seamstress, forty-two years old, and housekeeper, fifty-three years old), where noises in the ear were so troublesome and the patients so restless that mental derangement was to be apprehended, I made paracentesis of the tympanic membrane. In the case of the seamstress, the noise subsided immediately after operation, and the patient felt like a newborn. But already on the fifth day after the operation tinnitus returned, first slightly, then gradually increasing, notwithstanding the perforation of the tympanic membrane was kept open for six weeks. In the other case of paracentesis of the membrane there was but little improvement, and the patient, being of very gloomy mood, gave up further treatment, despairing of any relief.

In many cases of "catarrhus siccus," I introduced, by means of the catheter, into the middle ear, 2–3 drops of a solution (1 : 30) of hydrate of chloral, but without much avail.

(3.) *Catarrh of the Eustachian tubes and throat* was observed in 136 cases—in 76 men, 47 women, 5 girls and 8 boys.

The ages were as follows:—

Men.		Women.	
From 18 to 30 years,	26	From 21 to 30 years,	26
31 – 40 "	23	31 – 40 "	15
41 – 50 "	10	41 – 50 "	6
51 – 60 "	8		
61 – 70 "	9		

Girls.		Boys.	
From 6 to 10 years,	2	From 8 to 12 years,	4
11 – 15 "	3	13 – 15 "	5

In all cases the disease affected both ears.

In three cases, of a laborer, thirty-nine years old, and of two girls, aged respectively twenty-one and twenty-four years, the affection was of a syphilitic nature.

With the children the affection set in after diphtheria.

Hereditary disposition could be ascertained in 9 cases.

In nearly one-third of the adults there was either catarrh of the nose, or real ozæna, with offensive discharge and chronic hoarseness.

In fifteen cases of the adults there was real granulosis of the throat.

In one case (railroad officer, forty-one years old) there was congenital hare-lip and cleft palate.

With men the affection is often observed in consequence of tobacco chewing, which is very hard to cure, because people cannot be induced to give up their bad habit.

This affection is not of an absolute unfavorable prognosis, even in its chronic condition, if under proper treatment. We then succeed not only to check the disease, but also to bring about a great improvement. Certainly the treatment is a protracted one, demanding as well from the physician as the patient the greatest attention and perseverance.

First we must take into consideration the causal indications. The treatment of the nose and the throat is the first step. For the nose, it consists of cleansing it with lukewarm soap water (in cases of ozæna), combined with snuffing of a solution either of kali chloricum or kali hypermanganicum, or liq. natr. hyperchlor., or acid carb., etc., or touching the mucous membrane with nitrate of silver. The throat must be treated by astringent gargles or by local applications of a solution of nitrate of silver, and in cases of granulosis by applying sulphate of copper in substance.

If the glands are too hypertrophied they have to be excised.

The direct treatment of the ears consists in the air douche. The improvement of the hearing depends upon the improvement of the catarrhal affection of the throat.

4. *Acute purulent inflammation of the middle ear* (*otitis media purulenta acuta*) was observed in 7 cases—in 1 man, 44 years old, suffering from the right ear; in 2 women, aged respectively 19 and 21 years, suffering from the right ear, and in 4 children, from 3 to 8 years, of whom 3—2 girls and 1 boy—suffered from the left ear and 1 boy from the right one.

Both the man and the woman are stated to have suffered some time previously to their present affection, from tinnitus, pain in the ear and impairment of hearing. We had here probably to deal with a subacute or chronic form of affection of the middle ear, which increased to acute purulent inflammation. Its symptoms were very violent. Great lancinating pain through the head, tenderness of the surrounding parts of the ear to the touch, etc.

With the children there was no assignable cause of the affection. It came suddenly, breaking out mostly in the night, when the children awoke with great pain in their ear, and by their complaints caused the parents to suppose that there was an affection of the brain.

In five cases I at once made a paracentesis of the tympanic membrane, which resulted in immediate relief. The further treatment consisted in applying leeches before and behind the ears, in cathartics and hydrate of chloral for the night. After the acute inflammatory symptoms had subsided, I used the air douche with the adults and Politzer's bag with the children.

With two children I was prevented from making paracentesis of the membrane. By acute mercurialization I succeeded in checking the morbid process and bringing about a satisfactory result.

5. *Chronic purulent inflammation of the middle ear* (*otitis media purulenta chronica*) was observed in 136 cases—in 51 men, 38 women, 22 girls and 25 boys.

The ages were as follows:—

Men.		Women.	
From 18 to 30 yrs.,	24	From 18 to 30 yrs.,	19
31 – 40 "	13	31 – 40 "	8
41 – 50 "	6	60 – 65 "	11
51 – 60 "	5		
60 – 65 "	3		
Girls.		**Boys.**	
From 4 to 10 yrs.,	9	From 2 to 5 yrs.,	7
11 – 15 "	13	6 – 10 "	14
		11 – 15 "	4

There were affected in both ears, 30 men, 18 women, 11 girls and 12 boys; in the right ear, 13 men, 13 women, 5 girls and 8 boys; in the left ear, 8 men, 7 women, 6 girls and 5 boys.

Of the 136 cases, 15 men and 13 women were not fit for any treatment whatever. The affection was very old; the hearing totally lost; the membrane more or less destroyed, connected by cicatricial tissue with the promontorium, or it was opaque, concave, full of scars and of irregular shape.

All other cases showed perforation of the membrane.

In the children the affection was caused by measles and scarlatina in 22 cases, by meningitis cerebro-spinalis in 3 cases, by diphtheria in 4 cases. In the other the cause could not be ascertained.

As to the cause of the affection in adults, the examination gave the following result:—

1. From child disease in 28 cases.
2. From typhoid fever in 8 cases.
3. From tuberculosis in 7 cases.
4. From exposure to cold in 20 cases.
5. From smallpox in 12 cases.
6. From scrofulosis in 14 cases.

Otorrhœa is an affection which the patients generally mind but very little, especially if it is one sided, or if the hearing is not very much affected. On the contrary, the discharge is regarded as a very useful excretion, removing from the body the morbid humors, and thus protecting it from various diseases. This opinion is met among all classes of people. They take care not to have the discharge stopped, lest it should happen to them as to their acquaintances, who enjoyed health and hearing as long as the discharge was continuing, but who lost their hearing or died from brain disease as soon as the discharge was stopped. Such patients come to the physician only if the discharge becomes very offensive or the hearing very hard, or if the chronic condition becomes acute. How little these people care for otorrhœa I very often observed with patients who apply for relief because the other hitherto healthy ear had been affected. They never mention the old affection, and if their attention is drawn to the fact of their suffering very seriously from the other ear, they will answer that there is only a discharge, which does not affect them at all, and that they do not like to have it stopped. It is labor lost to try to convince them of the danger of their condition. They will never use the prescription, and will lose the good opinion they may have had of the physician.

In many cases I met with very large defects of the tympanic membrane, in which either promontorium or the ossicles could be seen.

Double perforations of the tympanic membrane I saw in the following cases:—

(1) Laborer's daughter, 14 years old. *Right ear.* Perforation near the malleolus, connected by a small bridge of tissue.

(2) Shoemaker's daughter, 4 years old. *Right ear.* Perforation on the upper and under part of the membrane.

(3) Peddler, 44 years old. *Right ear.* Perforation on either side of the malleolus.

(4) Laborer, 29 years old. Perforation upward and downward of both ears.

The otitis purulenta chronica I found complicated with—

(1) Granulations in the middle ear in 7 men, 9 women and 4 children.

(2) Polypus in the middle ear in 5 men, 3 women and 3 children.

(3) Caries of the petrous bone in 3 men and 1 woman.

(4) Affection of the mastoid process in 2 men and 2 children.

(5) One-sided paralysis of the face in 3 men.

Necrotic elimination of cochlea I observed in the following case:—

D. B., laborer, fifty-nine years of age. Deaf in the right ear, consequent upon otitis media purulenta chronica. Nearly total destruction of the tympanic membrane. Tympanic cavity occupied by cicatricial tissue In the left ear there was a small rim of the tympanic membrane remaining, and very copious discharge. Patient can hear only very loud voice close to the auricle. Hardly any perception of the tuning fork. Patient told me that now and then small particles of bone are discharged from the ear. I asked him to bring me every particle which might come out. Some days afterward he brought me a mass, which had been discharged from the ear. It proved to be *the whole cochlea, with a part of the labyrinthine wall of the vestibule, the oval window, and stirrup and anvil.* Loss of hearing was not increased thereby.

As long as there is no deeper-seated affection, as caries of processus mastoideus, os petrosum, or inflammation of the meninges, the prognosis in cases of otitis media purulenta is not absolutely unfavorable; it is much better than in cases of otitis media chronica. Neither the long duration of the affection nor the high impairment of hearing should make us despair of some relief. Even in the most neglected cases treatment may produce much benefit, and the power of hearing be much improved.

Treatment in chronic cases consisted in cleansing the ear very carefully with lukewarm soap water, in using an antiseptic solution of salicylic acid, in instilling a strong solution of nitrate of silver, and in the air douche. In subacute cases antiphlogistics were added.

The best method of treating otorrhœa is the use of a strong solution of nitrate of silver (1:8) 10–15 drops of which should be instilled twice a day into the ear, after having cleansed it very carefully. The drops must be kept in the ear for some minutes. If there is any pain, patients are allowed to wash out the ear with pure or salt water.

In cases of granulations I touched them with nitrate of silver, and polyps I removed with Wilde's aural polypus snare.

In cases of affection of the mastoid process I succeeded, by a deep post-auricular incision (Wilde's) through the swelling parts down to the bone, in checking the morbid process.

6. *Foreign body in the tympanum* I found in the following case:—

D. G., shoemaker's daughter, thirteen years old, was brought to me suffering from great pain, tinnitus and discharge of the left ear for about five weeks. After having cleansed the auditory canal, I saw a central perforation of the tympanic membrane, and in the tympanum near the perforation a foreign body of metallic lustre. The girl being very quiet and patient, I succeeded at once in extracting the foreign body, by means of knee forceps. It proved to be a metallic glove button. How it came into the ear, or how long it had remained there, could not be ascertained.

The morbid symptoms subsided at once; discharge was stopped with strong solutions of nitrate of silver. Perforation of membrane remained, without much impairment of hearing.

7. *Carcinoma medullare, growing out of the middle ear*, was observed in the following case:

G. E., servant girl, forty years old, is suffering from a tumor of the left ear, which began to grow out of the auditory canal about three years before, very slowly at the beginning but rapidly in the last year. At first pains were slight and intermittent, now they are very severe and permanent. Hemorrhages very often set in, which are stopped with great difficulty.

Present State.—Patient is very feeble and livid. There is complete facial paralysis of the right side. An uneven, dirty-reddish hard substance, slightly elastic, with abundant blood vessels, occupies the auditory canal and the whole circumference of the auricle, towering above it as big as a fist, with dirty-greenish, ragged surface. The tumor is slightly movable. The region of the mastoid process and of the os zygomaticum is swollen, œdematous, very painful on pressure. During the examination there arose from the depth of the tumor a large arterial hemorrhage, which was stopped only after considerable trouble.

(*C*) AFFECTIONS OF THE INNER EAR.

1. *Menière's disease* was observed in two cases, viz.:—

(1) W. R., brush maker, fifty-one years old, began in September, 1876, to suffer from slight attacks of headaches, with dizziness and tinnitus, in the intervals of which he felt perfectly well, and the power of hearing was unimpaired. In the evening of November 3d, 1876, he had an attack of such violent vertigo that he fell down, losing consciousness and vomiting several times. In the first days succeeding this attack vomiting occurred repeatedly, vertigo and tinnitus of the right ear were very violent, and giddiness so great, that as often as the patient tried to get up he reeled and fell to the left side. He remained in bed for several weeks, being treated, according to his description, as if suffering from congestion of the brain. The condition improved so far that giddiness somewhat abated, and he became enabled to get up and to walk a little, though with great precaution. When he came under my notice, in January, 1877, his state was as follows:—

The patient, a strongly built man, but pale looking, complains of violent humming and rushing, like the noise of a water fall, in his right ear. He walks very cautiously, with downcast eyes. Before making a step he first looks to the ground, touching it with his cane. But even in this cautious manner of walking his body is turned to his left side. Upon my request he tried to walk without using his cane as a

guide, and without looking to the ground, but at the first step his body turned to the left, falling to the ground. When his eyes were closed he was not able to stand erect; his body began to tremble and to incline to the left. If the patient stands, the body is turned with its axis to the left.

With his right ear the patient hears only very loud voice close to the auricle. Tuning fork not heard. Tympanic membrane somewhat dim, but otherwise in good condition. No pain. Surrounding parts of the ear normal. Sensibility and mobility of the face not impaired.

The left ear is normal.

The eyes are perfectly normal, with Hm. $\frac{1}{36}$ and V. $= \frac{20}{20}$.

Appetite is good, bowels are regular, mental functions slower than formerly; great tendency to drowsiness.

No syphilitic history; no assignable cause of the affection.

A therapeutic trial had no effect whatever.

(2) R. G., chemist, 40 years old, has suffered for about 20 years from otorrhœa of his right ear, without having been much troubled by it. On March 3d, 1878, the patient was suddenly taken by an apoplectic fit, during which he lost consciousness. In the following days vomiting often occurred. The hearing of both ears diminished very much, and violent tinnitus and noise, like a waterfall, set in in the right ear. In a horizontal position the patient did not feel any dizziness, but as soon as he tried to get up he felt as if all objects began to turn round about him from the right to the left side. Besides, there was violent headache, impairment of memory and paralysis of the face. On treatment, the general condition was somewhat improved.

When I saw the patient August 12th, 1878, his state was as follows:—

The right ear has only peripheric rudiments of the tympanic membrane; tympanum full of granulations, with little discharge. Mastoid process painful on pressure. Only very loud voice can be heard close to the auricle. Tuning fork not heard.

The left ear shows a central perforation of the tympanic membrane, without any discharge. Whispering heard at one foot distance. Normal perception of tuning fork.

No trace of paralysis of the face. Mucous membrane of the throat inflamed and swollen. There is a general tremor. The right leg is dragged in walking, and of less sensibility.

Patient is complaining of violent noise, like a waterfall, in his right ear, of swooning fits, dizziness, headache, impairment of memory and mental functions. He is still very liable to fall to his left side, especially in the dark, and the objects seem to turn from the right to the left. The balance of the patient is unsteady, with the axis of the body inclined a little to the left. When the eyes are closed the body begins to tremble more perceptibly, turning more and more to the left, until it is jerked totally to the left.

The eyes are normal.

The treatment of the affection of the right ear, consisting in touching the granulations with nitrate of silver, in cleansing the canal with lukewarm soap water and applying heurteloups to the mastoid process, combined with gargles and catharties, effected in a short time such a great improvement that there was the best hope of perfect recovery. In this condition, the patient resolved to return to Germany, to his parents, where he could take more care of his health.

2. *Nervous hard hearing or deafness consequent upon mechanical commotion of the auditory nerve.*

(*a*) *Hard hearing consecutive to the report of firearms*, in the following cases:—

(1) B. H., weaver's wife, seventy-three years old, came to me a week after the report of a small gun had struck her left ear. Immediately after the accident violent hammering and ringing, with a sensation of fullness in the ear, set in. During the week the ringing abated somewhat, but there remained violent noise, like the rushing of a locomotive, dizziness and impairment of hearing.

The examination showed—

Right ear.—Whispering at 15 feet distance. Tympanic membrane normal.

Left ear.—Hears loud voice close to the auricle. Examination negative. Ear can be inflated by means of Politzer's bag, but there is no improvement of hearing.

Heurteloups applied to the mastoid process; catharties gave but little improvement.

(2) S. R., tailor, forty-one years old, hears very loud voice close to the auricles; is complaining of tinnitus and noises in both ears. He served as cannoneer in the great rebellion, and got his ear affection by the discharge of a cannon, in the winter of 1863. Examination of the ears negative.

(3) F. A., merchant, forty-nine years old, felt, immediately after a small cannon had been discharged close to his face, rushing and ringing of both ears, dizziness and pressure in his head. When I saw the patient, six days afterward, he heard with either ear whispering at 1 foot distance. Perception of tuning fork was normal, and both ears gave good passage to the air douche. Tympanic mebrane normal.

Catharties and drawing the membrane outward with Sigle's pneumatic otoscope gave perfect recovery.

(*b*) *Deafness consequent upon a box on the ear*, in the following case:—

T. C., laborer, fifty-eight years old, was struck senseless to the ground by a blow on his left ear. For two days he remained in an unconscious condition, vomiting several times. After recovering his senses his left ear was totally deaf.

When I saw the patient, nine days afterward, he hardly heard the loudest voice close to his left auricle. No perception of tuning fork. Tympanic membrane normal. No paralytic symptoms whatever. Right ear normal.

A therapeutic trial produced no effect.

(*c*) *Deafness consequent upon falling on the head*, in the following cases:—

(1) E. O'H., ragman, fifty-seven years old, lost hearing in his right ear by a fall on his head from the second story, three years previously. Whether there had been any lesion of the skull could not be ascertained. There is absolute deafness of the right ear, without any morbid symptoms. No therapeutics.

(2) M. T. Smith, forty-six years old, absolute deafness of both ears, caused by a fall from a tree, ten years previously. No lesion of the skull could be found out. Examination was negative. No therapeutics.

3. *Nervous hard hearing or deafness consequent upon affections of singular parts or organs of the body, or upon diseases of the whole organism, with negative result as to the examination of the ear.*

(*a*) *In consequence of typhoid fever*, in—

(1) Laborer's wife, 45 years old. Left ear absolutely deaf.

(2) Carpenter's son, 12 years old. Deaf in both ears.

(3) Laborer, 61 years old. Both ears can only hear a loud voice close to the auricles.

(4) Carpenter, 30 years old. Right ear hears a loud voice at 1 foot distance. Left ear hears a medium loud voice close to the auricle.

(5) Seamstress, 53 years old. Deaf in both ears.

(6) Tailor's wife, 69 years old. Right ear hears medium loud voice close to the auricle. Left ear hears medium loud voice at 4 feet distance.

In all cases there were subjective noises of the ears.

(*b*) *In consequence of meningitis cerebro-spinalis*, in—

(1) Carpenter's son, 8 years old. Deaf in both ears for three years.

(2) Saloon keeper's son, 9 years old. Deaf in both ears for two years.

(3) Tailor's daughter, 11 years old. Deaf in the right ear. Left ear hears a medium loud voice close by.

(*c*) *In consequence of scarlatina*, in—

Hair dresser's daughter, 14 years old. Deaf in both ears.

(*d*) *In consequence of tabes dorsalis*, in—

Merchant, 51 years old. Is suffering from tabes dorsalis and creeping paralysis, and is blind in both eyes. Deafness of the right ear set in four days previous to his coming to my notice.

(*e*) *In consequence of severe menorrhagia in child-bed, resp. after abortion*, in—

Servant woman, 49 years old. Can only hear a loud voice close to the auricles. Affection consecutive to abortion two years ago. Very severe noise and ringing in the ears.

(*f*) *In consequence of affections of the uterus*, in—

(1) Tailor's wife, 46 years old. Right ear hears whispering close to the auricle. Left ear hears only a loud voice close to the auricle. Severe noise and ringing. Prolapse of the womb.

(2) Carpenter's widow, 56 years old. Deafness of the right ear. Retroflexion of the uterus. Very nervous.

(3) Smith's wife, 43 years old. Hears a medium loud voice close to the auricles. Utmost hysteria. Suffered from prolapse of the womb for about 15 years. Has hallucinations of hearing.

(4) Merchant's widow, 51 years old. Hears whispering with the right ear at 5 feet, and with the left at 2 feet distance. Utmost hysteria, and suffering from retroflexion of the uterus. Is complaining of noises of the most various nature.

(*g*) *In consequence of saturnism*, in—

H. C., laborer, 57 years old. Hears whispering close by with both ears. Is working in lead dies. Was suffering from paralysis saturnina some weeks ago. There is still lead line in his gums.

The prolonged use of iodide of potassium resulted in perfect recovery.

(*h*) *In consequence of aneurysma of aorta Casitaris*, in—

G. R., laborer, 31 years old. Is complaining of a sense of a continual beating in the occiput, and of noise, like a waterfall, in his right ear. Can only hear a medium loud voice close to the auricle. Besides, there is difficulty of deglutition, and sometimes of respiration, especially during the night, when he often awakes with a feeling of suffocation.

The patient is in very poor health; his balance is unsteady, and he is laboring under great uneasiness and excitement. Mental faculties, are not disturbed. Examination of the ears gave a negative result.

(*i*) *In consequence of mental emotions*, in—

C. B., tailor's wife, 39 years old. Is complaining of very severe noises, and impairment of hearing in both ears. There is no other cause than the prolonged mental emotions suffered in the last two years. Before this time the patient enjoyed good hearing.

Present State.—Right ear hears whispering close by; left ear at 5 feet distance. Tuning fork is heard in both ears. Passage for the air douche is good. Tympanic membrane is normal and the general health good. No hereditary disposition.

A trial of potassium bromate gave no result.

(*k*) *In consequence of using quinine*, in—

(1) H. A., railroad officer, 60 years old. Is suffering from impairment of hearing and severe subjective noises in both ears, consecutive to the ingestion of large doses of quinine against intermittent fever. He hears, with the right ear, whispering at 3 feet distance, and with the left ear at 4 feet distance. Tuning fork is heard in both ears. Passage for air douche is normal. The affection dates for about a year.

Iron preparations had no effect; subcutaneous injections of strychnia produced but little improvement.

(2) O. W., laborer, 21 years old, has suffered for about six weeks from ringing in his right ear, consecutive to the use of quinine against intermittent fever.

Right ear hears whispering at 2 feet, the left ear at 24 feet distance.

The use of bromhydric acid in doses of fifteen drops, in a little water, every fifteen minutes, resulted in perfect recovery.

4. *Sudden deafness without any assignable cause* was observed in the following case:—

F. R., merchant's widow, 53 years old, a nervous and hysteric woman, came under my notice August 11th, 1876, complaining of having suddenly lost the hearing of her right ear a day before. There is no assignable cause of the deafness. Menses had stopped five years ago. The power of hearing in both ears was always good

Examination showed—

Right ear absolutely deaf; gives free passage for the air douche. All parts of the ear are normal. Left ear hears whispering at 20 feet distance.

Treatment with cathartics and with heurteloups on the mastoid process had no effect whatever.

5. *Deaf-muteism* was observed in the following cases:—

(1) B. F., saloon keeper's son, 4 years old, a well developed boy, had suffered, when 18 months old, from brain disease, in consequence of which he became deaf in both ears, and lost the faculty he had of speaking. Both tympanic membranes were opaque and concave. Not the loudest sound could be heard.

(2) S. B., boarding-house keeper's son, 13 years old, a healthy and good looking boy, had suffered, when 9 months old, from scarlatina, and was, from that time, a deaf-mute. Both tympanic membranes are opaque and flat.

(3) F. G., merchant's daughter, 22 months old, first born child, well developed and healthy looking and of healthy parents. No consanguinity between the parents, no hereditary tendency and no syphilitic history. The ears are normal. Deafness is congenital and absolute in both ears.

Editorial Department.

Periscope.

The Prevention of Relapses in Typhoid Fever.

The *Medical Times and Gazette* quotes, on this subject, a contribution which is of great practical importance, by Dr. H. Immermann, of Basle (*Correspondenz Blatt für schweiz. Aerzte*, October, 1878), in which he shows that we are, to a certain extent, able to prevent these by the internal administration of salicylate of soda. His observations were made in the Basle Hospital, into whose wards about 1200 cases of typhoid fever have been admitted from 1872 to 1877. Of these, from 12 to 19 per cent. relapsed—curiously enough, nearly double as many as under the old system of treatment, before cold baths were introduced systematically. The relapses could not have been due to errors in diet, as attention has been paid to this point during convalescence for many years. They could not have been caused by a reinfection in the hospital, for in 1877, out of a total of 4000 in-patients of all kinds, only eleven caught fever in the Hospital, whereas in 265 convalescents from typhoid, there were fifty-nine relapses. Hence it seems probable that the relapses must be traced to the action of a residuum of typhoid poison in the bowel of the patients themselves, by which, after a time, they become reinfected. If this theory be correct, the obvious inference is, as Immermann says, that we should systematically disinfect the body of a typhoid convalescent. Following out this reasoning, Immermann treated twenty-two such convalescents with four to six grammes of salicylate of soda for ten or twelve days from the first day of normal temperature. Of these patients, only one relapsed on the seventh day of the apyretic period, owing to neglect of attention to diet. In 1878, twenty-nine other male and female patients were similarly treated, and only one, which had begun the salicylate four days too late, relapsed; whereas of sixty-seven other convalescents who took no salicylate, fifteen relapsed. It was also found that many more relapses occurred under simple hydropathic treatment than when cold baths were combined with quinine or salicylic acid, the numbers being 20.3 and 15.8 per cent. respectively. These facts tend to prove that not only convalescents from typhoid fever, but also healthy persons exposed to the contagion of typhoid, should be treated with salicylate of soda.

Contagious Insanity.

In an article in the *Annales Medico-Psychologiques*, by Drs. Lasegue and Falret, the authors, after detailing several cases in which insanity was evidently the result of long and close association with the insane, arrive at the following conclusions:—

1. Under ordinary circumstances insanity is not contagious, and it is rare, even among the insane, for a delusion to be communicated from one individual to another.

2. Insanity only becomes contagious under exceptional circumstances.

3. These special conditions are—

(*a*) In the "Folie à deux," one of the two individuals is the active, the other the passive element. The former is the more intelligent of the two, creates the delusions, and imparts them to the latter, who receives them but slowly, and generally, after altering them to some extent. In time they agree on all points, and tell exactly the same story.

(*b*) To arrive at this condition the individuals must have lived long together, must have led the same lives, shared the same hopes and fears, and have been free from all external influences.

4. All the cases observed have presented nearly identical symptoms, and have only become developed under circumstances such as those described.

5. This variety of insanity is more common among women than among men.

6. The patients may be related, but frequently are not.

7. The chief point in the treatment is the separation of the patients from each other.

8. The second individual recovers first.

9. Very rarely delusions have been communicated by one person to several in his neighborhood.

Employment of Iodine in Coryza.

Dr. John M. Shaller writes to the Cincinnati *Medical News*—

Iodine inhalations may be used in all stages of coryza; and if thought absolutely necessary, internal medication may also be used. In the four cases iodine was used alone; began treatment on the first and second day of the trouble, in the following manner: half an ounce of the tincture was placed in a one-ounce vial and held in the hand, placed under the nose, with the mouth closed, ten or twelve inhalations being made; there was then a rest of two or three minutes and ten or twelve inhalations again were made, continuing in this way from fifteen minutes to one hour; fifteen minutes three times a day, or one hour once a day, as it seems to agree with the patient. The heat of the hand is sufficient to volatilize the iodine.

In two cases the trouble cleared up the day treatment began, after one hour's inhaling. In the other two, severe symptoms of headache, sneezing, and the acid mucus, were checked, with the clearing up of the coryza, with the exception of a very slight burning in the throat the next day. The headache is what worried them the most, which was relieved in a very short time. In the case of chronic catarrh, of over two years' standing, with headache almost constantly, it was relieved after two days' inhalations of fifteen minutes each, three times a day.

That it relieves this apparently trivial but annoying complaint in a short time, with a simple means, is worth the trial of every physician, and I would like to hear more from it. It produces its effects, probably, by depleting the mucous membrane, causing a slight watery discharge; neutralizing the acid mucus, preventing it from excoriating the upper lip, which is so often seen.

There is nothing original in the use of this remedy. That coryza will get well of itself in a week or so, in a great number of cases, is an excuse often used; and in the chronic cases, because they are stubborn, we do not like to trouble with them, and consequently, they must fall into the hands of quacks, who reap a rich harvest.

Medical Properties of Boldo.

In *New Remedies* we find the following:—

The remedial properties of boldo are mainly due to its oil and to a lesser extent to boldine, which exists in the leaves, according to the aforenamed authorities, in the proportion of only one part per 1000. Boldine is but slightly soluble in water, which it renders alkaline and bitter. It is soluble in alcohol, ether, and chloroform.

Boldo acts as a stimulant to digestion, and exerts a marked influence on the liver; this property residing in both the leaves and young stems. It is said that the first knowledge of its virtues was obtained through its action on a flock of sheep suffering from a disease of the liver, and which had been shut up in an inclosure in which the gaps had recently been repaired with boldo twigs. The sheep ate the twigs and leaves and are said to have recovered their health very rapidly, after passing large quantities of the "fluke worm," or gourd worm (*Distoma hepaticum* L.), a parasite which sometimes infests the biliary ducts of the sheep and produces the so-called liver disease.

Dujardin-Beaumetz made a series of experiments with the drug, with success in cases of atony of various organs when quinia was not tolerated by the patient, but care appears to be necessary in its use, as large doses produce vomiting. It does not seem to have much favor in European practice, whereas in South America its various preparations are prescribed as digestives, carminatives, tonics, and diaphoretics. In the form of a powder the leaves are used as a snuff.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The address on State Medicine, delivered by Dr. Stanford E. Chaillé, at the meeting of the Louisiana State Medical Society, is an excellent paper, to which we shall have occasion to refer again.

——The fourth part of Klein's Atlas of Histology deals with cartilage and bone. It is, as usually, beautifully colored and most instructive. For sale by J. B. Lippincott & Co.

——A fifth edition of the "Formula book of Gelatine-coated pills and granules, fluid extracts," etc., has been published by the well-known firm of McKesson & Robbins, New York. It will be found quite convenient by the many physicians who use the preparations of that enterprising house.

——Dr. J. A. McArthur favors us with a copy of his pamphlet on "Consumption and its Treatment with the Hypophosphites;" it is a commercial essay, not designed to indicate the real position of these agents in the materia medica, but to collate all that has been said in their favor. Dr. McArthur manufactures a good article of hypophosphites, we believe.

——"Electricity, as Related to Medicine and Surgery," is the title of a collection of seven lectures, which appeard in the Virginia *Medical Monthly*, by Dr. A. D. Rockwell. They are reprinted by Wm. Wood & Co., New York (pp. 95, cloth, 8vo). They are directed to the general practitioner, and aim to give in brief compass a general survey of the theory and practice of electro-therapeutics. Of course, they are by no means a complete exposition of that difficult specialty.

——A circular has reached us, headed "Disinterested Testimony concerning Santa Barbara and Southern California." If it had been headed, "Collection of Laudatory Testimony," etc., it

would have been a more correct heading. Not a single criticism is inserted; yet Dr. R. M. Townsend, in the REPORTER, and many other very competent observers, have by no means a high opinion of Santa Barbara as a resort for consumptives. Such an authority as Dr. A. L. Loomis, of New York, says of it, "It has a bad record." When will there be some truth speaking about health resorts?

——The Superintendent of the Census for 1880 has sent a little book to each practicing physician and surgeon in the United States, where name and address are known to the Census Office, with the request that he will keep therein a record of all deaths occurring within his practice during the year June 1, 1879, to May 31, 1880, and will return the register, at the close of the year, to the Census Office. It is hoped that this effort to improve the vital statistics of the United States will meet with the aid of every physician, as in this respect we are sadly behind every other nation of equal civilization.

——The second number of the "American Health Primers," issued by Messrs. Lindsay & Blakiston, of this city (fifty cents each, in cloth), is entitled "Long Life, and How to Reach it," by Dr. Joseph G. Richardson. We might make some objections to the title, which is perhaps a little *ad captandum* for a work which is simply one on the general principles of hygiene, and also to the wearisome repetition of the "how" in the chapter headings: but in view of the generally excellent character of the contents, such small slips may be overlooked. The writer is an extremist in alcohol and tobacco, as well as in several of the theories he enunciates on medical questions. But it is by many believed that the merely probable positions of science are not potent among the multitude unless they are expressed in positive language; and perhaps Dr. Richardson is of this way of thinking. At any rate, the errors, if any, which his readers may be led into, will be on the safe side.

——Parts I and II of "Photographic Illustrations of Skin Diseases." by Dr. George Henry Fox, Professor of Dermatology, Starling Medical College, Ohio, have appeared. The photographs have been carefully taken from cases at Bellevue Hospital, and faithfully colored by hand by Dr. J. Gærtner. The photographs in the numbers before us embrace comedo, acne, lepra, keloid rosacea, etc. They are strikingly life-like, and deserve the highest praise. The text of a few pages to each photograph is descriptive and clinical, including treatment. The work will be completed within one year from the publication of Part I, the succeeding parts being issued monthly. As a guarantee to subscribers that the work will be issued promptly and regularly, the publisher asserts that the entire list of negatives composing the series are now in his possession; also, a large portion of the author's manuscript. The work will be complete in twelve monthly parts, each part consisting of four plates printed from the original photographic negatives, by a new and indelible process, on the finest quality of heavy card board, 10x12 inches, colored by hand, giving in each case the characteristic and life-like effects of the disease. Two pages of text in detail, will accompany each plate. This work will be sold only by duly authorized canvassing agents. No subscriber's name will be taken for less than the entire work. Price, per part, $2.

——Diphthonia paralytica is a rare disease, and Dr. E. C. Morgan has done well to report a case in a reprint from the *National Medical Review*. A young man of 19 years was nearly aphonic from prolonged laryngeal catarrh, which induced the disease named. Regarding the chronic laryngeal catarrh as being the cause of the paresis, and diphthonia a symptom of this paresis, Dr. Morgan's treatment was directed to the removal of catarrh, and then to the paresis by the use of intra-and extra-laryngeal faradization, and the administration of excito-motor stimulants. During the entire course of treatment, abstinence from alcoholic liquors and tobacco, and absolute rest of the voice, was recommended. In five weeks he had the catarrh nearly entirely relieved, the voice meantime having become much more distinct. He used as a local application to the larynx, zinc chloride, 0.75 gm. in 32.00 of water, and as an inhalation, alum, 15.00; aq. extract of opium, 0.20; glycerine, 50.00: rose water, 250.00. Both formulæ were made daily use of, until he began faradization, which was two months from the commencement of the treatment. Relief promptly followed the electrical medication, combined with strychnia.

BOOK NOTICES.

A Clinical Treatise on Diseases of the Liver. By Dr. F. T. Frerichs. Vol. III. New York, Wm. Wood & Co.

This is the last volume of Frerich's work, which we have heretofore noticed as issuing as one of the works of Wood's Standard Library. It contains an appendix of cases, and a moderately full index of the three volumes.

THE

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D. G. BRINTON, M.D., EDITOR.

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THE GENUS QUACK.

They have in England a Medical Defence Association, the object of which is to surround the legitimate practice of medicine with those safeguards which will protect it and the public, to secure the operation of medical laws, and to suppress quackery. At its last meeting, in March, Dr. BENJAMIN W. RICHARDSON, the President of the Association, read an address on "The Phases of Quackery," in which he classified and ticketed, with the skill of a naturalist, the various species of the genus *quack*, those parasitic growths which fasten themselves on the ignorant and deluded portions of the public, and thrive on its ill health.

First, he spoke of the "terrorist quacks," who make their money by alarming their patient and magnifying his real or fancied ailment. These men do an incalculable amount of evil. They not only directly rob, they corrupt their victims. Seizing upon minor failings of a physical or moral kind, they distort or caricature such failings until their victim is literally distraught with the idea of the life-long misery that is in store for him. Moreover, having raised this misery, they do no mortal thing to allay it. It is a part of their shameless policy to keep the mental wound open, to offer temporary relief at the most, and to maintain silence at the cost of a levying which knows no end so long as the fears of the victim hold ascendancy over the acts of his life.

Next comes the "homicidal quack." He usually practices exclusively on the female sex, and generally is supported and aided by accomplices of that sex. His trade is to prevent conception and to produce abortion. His trade is a dangerous one, as it is distinctly criminal, and he is exposed to the risk of imprisonment. But his profits are large, and his patients are often of the class who are able and willing to pay well, and as averse as himself to the publicity of the Quarter Sessions.

A third order is the "nostrum-mongering quacks." These are not, perhaps, intentionally criminal, but they, nevertheless, take upon themselves duties and functions that are altogether foreign to their knowledge and skill. It is not so much that they practice irregularly, as that they pretend to treat diseases with the names of which they are not correctly familiar, and with the nature of which they have no conversance whatsoever. Some of these quacks take one particular disease or one particular set of organs of the body under their pretended care; others assume to treat diseases in general, in which case they commonly pretend to possess a particular kind of remedy which adapts itself to every kind of case. These last-named, owing to the method they pursue, attain, by the rule of chances, a certain measure of success. Vending some one active medicinal substance, such as opium, quinine, or iodide of potassium, and supplying the remedy to a great number of persons indiscriminately, they are sure to give it every now and then to a person who will be benefited by it, and so in time they get together a list of successful cases, or, as they call them, cures.

The "specialist quacks" are a species, the representatives of which carry out what they are

pleased to call a new system, or a distinct system of medicine. Some of these call themselves Botanic practitioners or Herbalists, or Thompsonians, or Electricians, or Indian Doctors, or Natural Bone Setters. These practitioners are very numerous; they exist in every large town. In their practice there is nothing diagnostic, neither is there any scientific art or skill of a therapeutical character. At the same time they often hold in their hands drugs of a most potent kind, which they use boldly, and often with the production of extreme effects on the body. Lobelia is one of their prime agents, and digitalis is another, and by the application of such active medicines they sometimes inflict a fatal result.

Druggists who are "counter prescribers" form another class which meets Dr. Richardson's condemnation.

It would be quite possible for him to have extended this list, at any rate, if he had drawn on the genus as it is found in this country. Thus we have the "healing medium," who pretends to cure by inspiration, the "natural doctor," who heals by his presence and the laying on of hands; the mechanical quack, who has some machine which removes all disorders, and the like. But this classification of a noisome genus of pests to society probably became tiresome and disgusting to the writer.

Notes and Comments.

The Use of the Forceps.

Regarding expectancy, ergot, the lever and uterine compression as the alternatives of the forceps, the Obstetrical Society of London recently stated the following general propositions for consideration:—

1. In lingering labor, when the head is arrested in the pelvic cavity, the forceps will almost always be better than its alternatives. 2. In lingering labor, when the head is engaged in the pelvic brim, and where it is known that the pelvis is well formed and the head normal, the forceps will be generally better than its alternatives. 3. In lingering labor, where the head is resting on the pelvic brim, the liquor amnii discharged, and it is known that there is no disproportion, or only a minor degree of disproportion, even although the cervix uteri is not fully dilated, the forceps will generally be better than its alternatives. 4. In proportion as the head is high in the pelvis, in the brim, or above the brim, the necessity, the utility, and the safety of the forceps become less frequent. 5. As a corollary under the conditions of the preceding proposition, increasing caution is called for in determining on the use of the forceps, and greater skill in carrying out the operation.

The Use of Iodine in Dry Asthma.

In cases of dry asthma, of constitutional character, without obvious exciting cause, Dr. C. A. L. Reed, of St. Louis, recommends, in the *Clinical Record*, the following prescription:—

℞. Liquor iodinii comp., f. ℥j
Mel., f. ℥ij. M.

Sig.—Teaspoonful every three hours.

He finds that the use of this is promptly (after the third dose) followed by a restoration of the secretion, diminution in the frequency and severity of the paroxysms from the start, an improvement in the appetite, an increase in the tone and vigor of the general system, and a perceptible increase in the volume of the urine, without any change in its specific gravity.

The Administration of Gelsemium.

According to Prof. Massini, the cases in which gelsemium produces most benefit are those of simple rheumatic neuralgia of the alveolar branches of the trigeminus; in those it rarely fails. It also sometimes relieves the pain remaining after the stopping of a carious tooth. Where there is any inflammatory affection of the bone or periosteum no good can be expected from the remedy. The medicine may, if necessary, be repeated several days in succession, the active principle rapidly passing off by the kidneys.

Non-tolerance of Chloral by Habit.

A noteworthy fact pointed out by Dr. J. B. Mattison, of Brooklyn, in his study of chloral inebriety, is that chloral habitués are exposed to a special danger. While the habitual use of opium admits of its gradual increase without risk, so that enormous doses can be taken with impunity, that of chloral is sometimes the reverse, and serious effects have followed the use of a smaller dose than the patient had for some time been accustomed to taking.

Chronic Contusion of the Heel.

Prof. Desprès, in his *Clinique Chirurgicale*, mentions this lesion as occurring in persons who are required to keep the upright position for a considerable time. The examination of the heel reveals nothing particular—there is no swelling or redness; pressure is not painful; but there is sharp pain if we press with the tip of the finger upon the inferior face of the posterior tuberosity of the os calcis, being the precise place at which that osseous point bears upon the sole during the upright position. The patient describes his sensation as one of heat—even of burning.

Those with arched or small feet and delicate skin, and who sweat copiously, are most exposed to this affection. Another predisposing cause is the wearing of shoes of thin leather, and prolonged walks upon bad pavements.

The treatment consists of rest and the application of a metallic sole, moulded to the foot and worn inside the shoe.

Galvanism in the Vomiting of Pregnancy.

A writer in the *Obstetric Gazette* says—

Dr. Fred D. Lenté, of New York, was among the first to speak of the utility of electricity in controlling the vomiting of pregnancy, as well as that from uterine irritation in the non-gravid state. He says that since the institution of this treatment he has never found it necessary to resort to uterine applications. Prof. T. G. Thomas has also spoken in the highest terms of its efficacy for nausea and vomiting in general, and for the obstinate gastric disturbance following ovariotomy. The method consists of the application of a broad, flat electrode over the epigastrium, and a similar one on the spine opposite, with the passage of a feeble, smooth, barely perceptible, induced current, prolonged for 15-30 minutes.

Prognosis in Fractures of the Skull.

Dr. N. P. Dandridge gives, in the *American Practitioner*, several cases of this injury, concluding with the following observation:—

The practical conclusion to be derived from the above cases is apparent: If, some time after (probably not more than some hours) an injury to the head, coma and hemiplegia develop themselves, and no fever is present, you may fairly infer that compression is being produced by a slowly forming hemorrhage, external to the membranes; and in this case the trephine offers prospects for relief. If, however, with coma and hemiplegia, there is a high temperature, and especially if these conditions develop some days after the accident, you may expect a diffuse arachnitis, and there is little or no hope from operation.

Poisoning by Alcohol.

Dr. De F. Willard, of this city, notes for us the following case:—

"I was called, at 9 A.M., to a boy 5 years of age, whose drunken father two hours before had, for some slight indisposition, forced him to take nearly two-thirds of a tumblerful of whisky. I found the patient insensible, the pupils contracted and non-responsive to light, respiration stertorous, but irregular, pulse slow and labored, extremities cold, conjunctiva injected—in about a condition of absolute coma. From this state he never roused, in spite of hot and cold baths, diffusible stimulants, emetics, etc., but died at 6 P.M., eleven hours after taking the draught. No post-mortem."

Correspondence.

FOREIGN.

Letter from London.

Ed. Med. and Surg. Reporter:—

To many of your readers it may be of interest to hear some of the particulars of the London hospitals, when founded, and the character and extent of their work. The Middlesex Hospital was instituted August, 1745, for sick and lame patients; and in 1747 a ward was opened for the reception of lying-in married women.

The hospital consisted, at first, of a building in Windmill street, but this being found incommodious and inadequate, a new and commodious hospital was built on a convenient site in the "Mary-le-Bone Fields," as they were then called. Toward the close of the past century causes not now very distinctly known interrupted the favorable progress of the Middlesex Hospital; many annual Governors discontinued their subscriptions, the hospital became involved in debt, and most of the wards were shut up.

The Revolution in France drove to England a number of emigrants, and of these, many were French clergymen, in a state of utter destitution. The western wing of the hospital was made a receptacle for a large body of these sick French emigrants.

The late Lord Robert Seymour has the merit of having retrieved the establishment from almost complete ruin, interesting himself in its behalf, prevailing upon many of the nobility, as well as King George IV, to join in the good cause. This same Lord Seymour had a concert given at the King's Theatre, in 1808, which yielded the splendid sum of £2498 2s, and thus the hospital got rid of a large accumulation of debt. In 1818 extensive and costly improve-

ments were made, correcting deficiencies in ventilation, etc. From this time the prevalence of erysipelas rapidly diminished: previous to this, this and kindred diseases were very common. The hospital now contains 310 beds. The average annual attendance of interne patients is 2000; of out-patients 20,000. There is a chaplain, a member of the Established Church of England, connected with the institution; patients are allowed, however, to have their own spiritual advisers. An amateur dramatic performance in aid of the funds of the Cancer Department yielded, in May last, £195.

As a matter of reference to those whom it may concern or interest, the following is submitted:—Every subscriber of three guineas becomes a governor of this hospital, so long as such subscription shall be continued; thirty guineas makes a life governer: ten guineas annually entitles one to one patient in the hospital at all times. Every lady, being a governor, may vote at all elections by proxy, provided that such proxy specify her place of abode, and the name of the candidate for whom her vote is given.

Among the vice presidents is Sir Thomas Watson.

There is a special cancer department connected with this hospital, and it provides that three wards are to be kept open for the admission of, at least, thirty females, and the male patients afflicted with cancer. Also, that out-patients afflicted with cancer be specially attended and relieved, with advice and medicine, and that all cancer patients be admitted without letter of recommendation: also, that all persons afflicted with cancerous diseases requiring operation, or persons afflicted with these diseases returning after operation, or persons with the same diseases in an acute stage, are to remain in the cancer wards until released by death or relieved by art, unless it shall be necessary to discharge them for ill behavior. Also, that changes of raiment be found such patients if it is found to be necessary. The patients treated in 1877 were as follows:—

Medical, with letters	439
do urgent cases	725
Surgical, with letters	157
do urgent cases	929
Out-patients, medical, with letters	5,590
do do urgent cases	2,838
do surgical, with letters	1,741
do do urgent cases	6,312
Diseases of women and children	2,184
Lying-in cases, attended at their own habitations	447
Dental	978
Skin	974
Ophthalmic	886
Ear and throat	337
Cancer	95
Total	24,632

Connected with the institution is a fund for (1) sending patients to Margate Sea-bathing Infirmary, and to the Walton Convalescent Institution, and (2) for the purchase of linen, etc.

In 1835 a Medical School was established in connection with the hospital, under the same management and control as the hospital.

The "Chief Dispenser" of the Middlesex Hospital, I found to be very polite; he kindly answered my many inquiries, and escorted me around the extensive drug departments. Mr. S. R. Chalice, for such is his name, said that the board was very liberal in the allowance of drugs and liquors. In many of our American dispensaries I know quinine is allowed to be dispensed only in very sparing quantities; here about 400 ounces a year are used. Good drugs, not fancy ones, are bought. The very best of quinine, morphia and cod-liver oil always are ordered. All their tinctures are made in the "Tincture Room," a spacious room, well supplied with all the requisites for making these alcoholic preparations. It is a standing rule that all preparations possible must be made in the house. Chemicals are bought, as being cheaper and better than could be produced by the institution. In the "Dispensing Room," all bottles containing poisons or preparations used in small doses are fluted; powerful poisons having a label "Poison," on the same kind of a bottle. Mr. Chalice says that during the many years that he has been there no accident has occurred in his department.

Like similar establishments, a "house pharmacopœia" is used. I saw nothing novel in it, or what would be of any particular interest to my readers. The "collyria" were the usual silver, lead and zinc mixtures. The "gargles," borax, alum and potash. Among the various enema was "enema vulgæ:"—

℞. Hordei decoc., Oj.

A pill much used being pil. capsici et opii.

℞. Capsici, grs.iij
Ext. opii, gr.ss.

One pill.

This Hospital is situated on Berner's street, off from High Holborn or Oxford, and just near it, on the same street, is St. Peter's Hospital; also the Pathological and the Obstetrical Societies of London. The average attendance at the Middlesex Medical School is 130.

It may not be generally known that the Guinea exists no longer, save as a specimen coin. West End shop keepers, dealers in pictures, old bronzes, jewelry, etc., are very fond of quoting guineas instead of pounds. Guineas are also generally quoted in sales of horses, and at auction sales, and as doctors' and other professional fees.

To be in time for the next mail, I must close at once, though I had hoped to reach the point of telling you of the interesting time I have had with J. Hughlings Jackson and Dr. B. W. Richardson. But of this anon. C. C. V.

DOMESTIC.

Letter from Cincinnati.

Ed. Med. and Surg. Reporter:—

A glance at the contributions to local medical literature from the medical men of this community will show that there is no lack of individ-

nal effort and studious pursuit on the part of the profession in this city. A few evenings since Dr. N. P. Dandridge read before the Cincinnati Medical Society a paper entitled, "A Case of Empyema following Gunshot Wound of the Chest, Successfully Treated by Drainage and Exsection of a Portion of Rib." The paper subsequently appeared in the *Lancet and Clinic*, together with the critical remarks it called forth from Drs. Kearney, Mackenzie and Judkins. Dr. S. C. Ayres has quite recently added another to the numerous "Contributions to Injuries of the Eye," which have brought his name so prominently to the attention of the profession in the special branch of practice—ophthalmic surgery—to which he is devoting attention. The same is true of another young practitioner of this city, who is rapidly earning a name and fame commensurate with the labor he is devoting to the special studies in which he has been so long engaged; I refer to Dr. A. T. Keyt, whose researches in connection with the sphygmograph and the pathology of the circulation are known to all who aim to keep up with the times in such matters. On some future occasion I shall take time to trace Dr. Keyt's researches in the practical application of mechanism to the demonstration of the movements of the circulatory organs in health and disease; his last is one of his most interesting papers, and is entitled, "The Sphygmographic Indications of Heart Disease."

What think the readers of the REPORTER of a case of talipes equinus induced by malarial poisoning? Of a patient presenting the phenomena attendant upon this form of club foot as one of the features of a paroxysm of fever and ague? Dr. W. H. De Witt, a well-known and highly esteemed practitioner of this city, publishes the details of a case in which a patient, previously of sound health, develops chills and fever, and in whom the daily chill is followed by talipes equinus, which continues during the reactive fever, headache, perspiration, etc. Quinine relieved the chills and cured the talipes after this curious phenomena had recurred daily for several weeks.

A very interesting paper on "Cancer of the Stomach," from the pen of Dr. John S. Cleveland, founded on cases under his own observation, recently appeared in the columns of the *Lancet and Clinic*. The pyloric orifice of the stomach of one of the cases alluded to was exhibited at the Academy of Medicine on the evening of April 21st, and gave rise to quite an animated discussion after the conclusion of Dr. Vance's paper. Dr. Cleveland's rules for the differential diagnosis between chronic ulcer and cancer were noteworthy, and should be borne in mind. Pain after eating, and on pressure, the nature of the materials vomited, the presence or absence of a tumor in the gastric region, the duration of the complaint, and the order in which the symptoms were evolved, were the points dwelt upon by the essayist.

On the evening of April 21st—the occasion when Dr. Cleveland presented his specimen of cancer of the stomach—Dr. Reuben A. Vance read a paper before the Academy of Medicine on "The Influence of Constipation in Developing Disease in the Rectum and Anus; An Inquiry into the Structure and Office of the Large Intestine and its Terminal Orifice, and the Manner in which they Behave when Diseased." The paper as read before the Academy was an extended development of the views Dr. Vance has at different times shadowed forth in his publications on the physiology of the large intestine and its terminal orifice, but more especially on the pathology of the rectum and anus. The Doctor drew attention to the similarity that exists between the œsophagus and the rectum—the commencement and termination of the alimentary canal: and declared that the resemblance was not limited to visual characters and anatomical appearance, but could be traced in the offices performed by the respective structures. For instance, when the canal of the œsophagus is not distended by a bolus of food, its walls are in apposition; notwithstanding the popular and professional preconception to the contrary, he declared that an identical state of facts existed in the rectum—that normally the walls of the rectum were in contact, and its canal closed, except during the few moments following a call to the water closet, and preceding the regular evacuation of the bowels; that coincident with the uneasy sensation which is recognized as the call to evacuate the bowels, the band of muscular fibres at the junction of the rectum and sigmoid flexure pass through this orifice and enter the canal of the rectum. As a general rule, this opening of the passage between the colon and rectum occurs but once in the twenty-four hours; if the intimation then given is heeded, and the individual retires, the bowels are easily and naturally evacuated. If, however, on the contrary, this call is resisted, the uneasy sensations, after persisting for a variable period of time, subside, an antiperistaltic contraction is excited in the walls of the rectum, and the fæces which have passed from the colon into the rectum are returned to the cavity of the sigmoid flexure, and the walls of the rectum again fall together. When the call to retire is responded to, and the fecal matter passed from the sigmoid flexure into the rectum has been voided, the remaining contents of the large intestine are slowly urged forward, from the cæcum, through the colon, to the sigmoid flexure, to be extruded in their turn. Consequently, when the call to defecate is properly responded to, and that physiological act thoroughly accomplished, the excrementitious matter in the sigmoid flexure and cæcum is voided; that part contained in the former cavity being the first to pass away, and that lodged in the latter slowly traversing the ascending transverse and descending colon, and making its exit through the rectum without stopping for any length of time at any point between the cæcum and anus. The fecal matter lodged in the large intestine prior to the call for defecation seems to be divided into two masses, and to rest in two distinct cavities; one portion in the cæcum, and the other in the sigmoid flexure; and while it is certain that normally none of the fæces distend the canal of the rectum, except at the time and under the circumstances noted, it is also quite probable that the ascending and transverse colon are equally free from its presence. Simple as these facts are, they are not so generally diffused as their importance demands.

So long as the physiological offices of the large intestine are but imperfectly known, it is useless to try to inculcate proper ideas relative to the hygiene of that organ. After concisely stating the behavior of these parts in health, Dr. Vance describes certain anatomical points of interest, and gives a full account of the mechanism by which constipation induces congestion of the lining membrane of the rectum, spasm of the anal sphincters, and finally, ulceration of that organ, and the attendant complications, fistulæ, hemorrhoids, abscesses, prolapsus and stricture.

One of the most interesting papers brought before the Academy for many a day is the one Professor Conner read, on the evening of May 5th. The title indicates its nature: "Cancer; Has it a Constitutional or Local Origin?" A moment's reflection will indicate the vast number of living, inquiring and intelligent individuals to whom this question is no bare abstraction, but a vital problem, instinct with all that makes life precious not only to persons, but to families. Think, Mr. Editor, of the number of your readers—medical men, those to whom this question comes with all its force, because to them the truth is unfolded and their eyes are not blinded by sophistry—whose hearts will beat the faster when these lines attract their attention, and who cannot hide from their own consciousness the sorrowful fact that in their own or in their wives' families this dread taint is somewhere hidden away, and that some day in the future it will creep out, either in themselves or in their descendants. There are so very few families to whom this question is not of vital moment, that one can truly say that Dr. Conner's paper touches a subject in which every fireside has an interest such as few topics can excite. It is utterly impossible for me to do justice to Dr. Conner's arguments in the space at my disposal, still I will try and give your readers an outline of what he said. Commencing with a terse version of the meanings ascribed to the terms "constitutional" and "local," he quoted Dr. Moxon's statement of the question, "Does the first cancer that appears in the patient's body generate the cancers which appear afterward? Does it precede them in every way? Or, on the other hand, is there a general state of the whole system which is ready to put out cancer anywhere, and puts out the first in the same way as it afterward puts out the second and the third?" Truly, says Conner, an affirmative answer to the first question places cancer among the local diseases; to the second, among the constitutional affections. Rapidly reviewing the grounds upon which the constitutionalists base their belief, he summarizes them as, "1st, heredity; 2d, multiplicity; 3d, diversity; and 4th, depravity." In other words, that the disease runs in certain families; manifests itself in tumors of varying number; located in histologically different organs and tissues; and is attended by a progressive breaking down of health and strength, terminating only in death. After carefully weighing the arguments founded on these points, especially those based on recurrence, he says: "Taking into consideration the fact that the disease cells can be readily transmitted through the lymphatics and blood vessels, and can, by their own inherent motility, pass into and through the various tissues, the clinical history of a case of cancer is perfectly intelligible on the theory of local origin. If the growths, primary and secondary, were, so to speak, only symptoms of the disease, instead of the disease itself, why should there be so constantly observed an exact correspondence between the special characters of the original and subsequent tumors? On the theory of local origin, the principle that like begets like, there is nothing strange in the fact that an epithelioma is followed by an epithelioma, no matter where located, or an osteoid cancer by a bony growth in a muscle, nor that the hepatic nodule following primary cancer of the rectum shows microscopically the cellular structure of the lower bowel. If the primary growth is but an evidence of preëxisting diathesis, how does it happen that while such diathesis is so strongly inclined to throw out its manifestations in one of two twin symmetrical organs, the breasts, it comparatively seldom appears as a secondary growth in the other? It is not because the primary growth has exhausted the cancer-producing element in the constitution, for there is no scarcity of secondary tumors at different points. It is not because of less-advanced degeneracy of the second breast, for it is, if anything, more wasted than the first was when attacked. Who can explain it on the constitutional hypothesis? On the local theory, Dr. Conner holds the explanation simple and near at hand. It is much easier for the cells to travel in other directions, and they are much more likely to do so. But, say the constitutionalists, "that there is and must be an organic something antecedent to and necessary to the development of the primary tumor, is shown by the fact that a given exciting cause operating similarly upon a number of persons, in one only will the cancer be produced. A hundred men smoke short clay pipes; one only has epithelioma of the lip; as many women receive a blow on the breast; in one only is the result other than temporary and insignificant. But may there not be here a taken-for-granted cause and effect relationship which is purely assumed; or if not so, does the irritation or the contusion act in so simple a manner as is often believed?" The lip, subjected to changes of temperature, becomes fissured; is it surprising that epithelial growth should once and awhile follow these fissures; that these epithelial cells should penetrate to the submucous connective tissue, there to remain until the mutations of tissue decay incident to advanced life stimulate it into development, and an epithelioma appear? Why exclude the same process at the nipple in breast cases? or to follow Dr. Conner in this class of cases, may not mammary carcinoma spring up in virtue of an arrest of the normal infolding or outfolding process, or of the acceleration of growth of an embryonic cell by the hyperæmia which results from an injury? Why should not wounds in cancerous individuals become open cancers in all cases, if the constitutionalists' theory is correct? But in truth, the origin, progress and result of cancer show that primarily it is not a constitutional disease; and to this conclusion the arguments advanced by Dr. Conner are among the most cogent yet ad-

duced by those who claim the local origin of this affection.

The discussion following Dr. Conner's paper, to which I am painfully conscious my outline does but scant justice, revealed a curious state of things. I can well remember when the advocates of a local origin were few and far between; here, in the Academy, we have Drs. Conner, Buckner, Ransohoff, Forcheimer, Davy and Orr, outspoken in their advocacy of a local origin of cancer, while but one or two gave a feeble assent to the "constitutional" doctrine. In fact, neither Drs. Cleveland, Reaney nor Walton should be ranked among those entertaining the latter belief, although they would doubtless object to being considered partisans of the local origin theory. CINCINNATI.

NEWS AND MISCELLANY.

New Hampshire State Medical Society.

The following are the officers of the New Hampshire State Medical Society, elected at the eighty-ninth annual meeting, held in this city June 17th and 18th:—

President, Thomas J. W. Pray, M.D., Dover.
Vice President, Granville P. Conn, M.D., Concord.
Secretary, Moses W. Russell, M.D., Concord.
Treasurer, Lyman B. How, M.D., Manchester.

The Metric System.

Dr. Edward Wigglesworth, of Boston, is warming up considerably on the metric system. He is beginning to abuse our people in good set terms about their hesitation in the matter. Hear the way he closes his last manifesto:—

"We need a benevolent despot who would compel the use of the Metric System here after a fixed day. After a week no one would have any more trouble; after a month people would wonder how they could ever have used anything else, the labor of learning is so slight, the gain immense.

"All the poor peasants of Europe, the lowest classes of 'effete despotisms,' etc., have been able to adopt it at once, and yet Americans, self-ruling, are really too lazy, while merely claiming to be too stupid so to do. Shame on a country which 'to party gives up what was meant for mankind.'"

Items.

—In the medical department of Yale College it is proposed to extend the period of study to three years, and an examination will be required for admission and advancement. The methods of instruction will be made less didactic.

—All the Southern cities are keeping close watch of their sanitary condition, and the reports from all quarters are decidedly encouraging. Not a single case of yellow fever has been anywhere discovered, and in many cases the death rate thus far this year is considerably below the average.

OBITUARY RESOLUTION.

Dr. F. F. Maury.

At a recent meeting of the Medical Board of the Philadelphia Hospital, held June 7th 1879, the death of Dr. F. F. Maury, one of the surgeons to the hospital, being announced, on motion the following minute was adopted:—

"*Resolved*, That the Medical Board has heard with deep regret of the death of their late colleague, Dr. F. F. Maury, for more than fourteen years one of the staff of this Hospital. That in his death the Board has lost one of its oldest, most active and useful members, the Hospital a distinguished, brilliant, and careful surgeon. A clinical teacher of rare ability, who had endeared himself to thousands of students by his eloquence, skill and energy, and the profession at large a member who had achieved in his comparatively short life a position and success but rarely attained."

QUERIES AND REPLIES.

Dr. J. H. S., of Pa.—Ringer's *Therapeutics* is highly esteemed by English writers.

Dr. J. J. B., of Texas.—"Is it not possible for gonorrhœa to bring about such nutritive changes in the female genitalia as to predispose to perineal laceration?"

Ans.—We can recall no cases in point: perhaps our readers can.

Dr. D. W. J., of N. B.—REPORTER and *Pocket Record* together will be sent for $6.25.

Dr. S. C. T., of Md.—Prof. Shiff recommends that choleate of sodium be given in half-gram doses twice daily. It may be conveniently prescribed in pill form coated with gelatine, or in gelatine capsules.

Dr. B. E., of N. Y.—The formula is an obvious error. The 3 was placed for the 5. But we presume no one would be led astray by such a patent oversight.

Dr. J. N. T., of N. Y.—Can you explain what is the cause of the peculiar rushing sound caused when one or both ears are tightly closed by the ends of the fingers. An article has been in the press which states that, according to Dr. Hammond, it is due to the noise of the circulation of the blood in the ends of the fingers.

That this is erroneous may easily be proven by the fact that the same phenomena will be observed if the ears are tightly or firmly closed with any other solid substance.

What, then, is the cause of this apparent sound?

Ans.—We suggest that it is not from the circulation of the blood in the fingers, but the hemmed and compressed blood current in the sides of the auditory canal.

MARRIAGES.

ROBINSON—BONNER.—At the residence of the bride's parents, in Fairfield, Texas, February 12th, 1879, by the Rev. T. J. Bonner, of Woodland, Texas, W. Brice Robinson, Esq., of Fairfield, and Miss Sallie Belle, eldest daughter of Dr. J. I. Bonner.

SMITH—SCUDDER.—On June 5th, by Rev. Joseph G. Symmes, assisted by Rev. Dr. S. T. Lowrie, Rev. George L. Smith, of Cedarville, N. J., and Sarah G., daughter of Jno W. Scudder, M.D., of Ewing, N. J.

TAYLOR—HUDSON.—On Wednesday, June 11th, at the Church of the Holy Trinity, by the Rev. Brady E. Backus, Dr. Thomas O. Taylor and Sadie J., daughter of I. N. Hudson, all of New York.

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Original Department.

Communications.

PUERPERAL METRITIS.

Read before the Northern Medical Society,

BY E. E. MONTGOMERY,

Of Philadelphia.

Gentlemen:—I believe I cannot better introduce this subject than by reading you the notes of a case.

May 5th, 1878, at the Philadelphia Hospital, Lilian M., aged 24, single, primipara, after a labor of twelve hours, was delivered of a female child. The resident, Dr. J. W. O'Neill, removed the child and attempted to deliver the placenta by pressure over the abdomen and simultaneous traction upon the cord, but found it adherent. An hour having elapsed during these efforts, he introduced his hand into the uterus and with difficulty dissected it off.

6th. Temperature 100°, pulse 84; general appearance good. Uterus tender, enlarged, extending an inch above the umbilicus, lochia profuse, but normal in appearance.

7th. Temperature 102°. Pain and tenderness more marked. Was given 30 grs. quinine in the evening.

8th. I saw this patient for the first time, and found the skin hot, pulse frequent, complaining of feeling weak, restless, tongue furred, countenance anxious. An examination of the abdomen disclosed a well marked tumor (the uterus) occupying the hypogastric region, and extending to the umbilicus, tender to pressure. On the left side of the uterus a small tumor, the size of a walnut, protruded the skin, and was very sensitive to the slightest touch. Lochia free, slightly offensive. Leeches were ordered over the abdomen, to be followed by flaxseed poultices, a nourishing diet and stimulants.

℞. Ext. ergot fl.,
Tr. nucis vom.,
Tr. ferri chlor.,
Tr. cinnamom., āā f.℥ ss. M.

Sig.—℥j ter die. Opium by suppository or pill, q.s. to relieve pain.

9th. Pain and distress much less; pressure over the abdomen borne with but little complaint; tumor on the left almost disappeared.

10th. No pain, and but slight tenderness; lochia decreased, very offensive; stools frequent; was given a chalk mixture, and vaginal injections of a solution of carbolic acid ordered—the tube to be introduced once daily, with a flexible catheter attached, into the uterus, and the cavity washed out. For this purpose a douche was used in place of the syringe. During the next few days her condition was very much improved, countenance brighter, expressing herself as sanguine of getting well; diarrhœa checked, appetite improved, able to sit up to her meals; lochia slight, offensive odor lost. The uterus, which had remained enlarged, began to decrease after the first intra-uterine injection, until by the 25th it could not be felt above the pubes. She did not, however, gain much strength. The temperature and pulse remained higher than normal, with a marked evening exacerbation. We gave tr. ferri chlor., gtt. v every two hours, with a large dose of quinine at night. All the symptoms improved so much that we regarded our patient out of danger, when suddenly, June 9th, she became much worse. Prostration was marked, weak, vomiting and purging, the surface bathed with a cold, clammy sweat, emaciation

rapid, countenance pinched and anxious, unable to retain any nourishment. She died on the 12th.

Autopsy.—Body much emaciated. Thoracic organs presented nothing abnormal—no evidence of peritonitis, excepting a few ounces of effusion. Uterus—the fundus had completely sloughed off, and the cavity was dilated large enough to hold an ordinary egg, ending above in a thin ulcerated edge. The whole uterus resembled very closely a funnel. The cervix, and lower portion of the body were in a comparatively normal condition, for the puerperal state.

Metritis affects the parenchyma or muscular structure of the organ, and as it is generally associated with endometritis, some pathologists have considered the latter as the primary lesion, but this is doubtful. It is a frequent lesion in some epidemics of puerperal fever, while in others it is absent. We have also reason to believe it to be the primary lesion in many cases of local peritonitis, cystitis and suppurative inflammations of the pelvic tissues.

In the case noted above you will remember the excessive size of the uterus. In physiological convalescence the uterus disappears behind the pubes from the sixth to the tenth day; at the earlier period in primipara; hence, if at the ninth or tenth day we find the uterus still three or four inches above the pubes, we are justified in being anxious for our patient.

Before entering upon the consideration of the pathology, it will be well to spend a few minutes in the study of the physiological changes the organ undergoes after delivery.

M. Colin says, "a few hours after delivery the interior of the uterus is covered with clots of blood, which, when removed, show a soft, moist, reddish layer lining the internal surface, excepting where the placenta was attached. This layer increasing in thickness near the fundus, of a reddish-gray color, very friable, covers the muscular tissue, and has been in process of regeneration since the fourth month of gestation. It terminates at the upper boundary of the cervical canal, in an irregular edge. The membrane is firm, torn with difficulty, covered with a slightly reddish mucus, and does not undergo exfoliation, like that of the body. After the ninth day epithelial cells are found in the uterine mucous membrane, and are followed by granules, nuclei, glandules, and minute capillary vessels. By the twentieth to the thirtieth day it has acquired sufficient firmness to resist the action of a stream of water, but can be completely scraped off by the handle of a scalpel."

The site of the placenta presents a greatly different appearance. It, before delivery, measures six to eight inches, is afterward reduced to three or four, and this decrease is constantly progressing.

According to M. Robin, the form of the seat also changes; at first being nearly circular it now becomes oval, with irregular, sinuous, notched borders. What it loses in extent it gains in thickness, becoming mammillated or rugous, of a brownish color, softening gradually until it is of a pultaceous consistency. Its borders are continuous with the membrane lining the rest of the cavity. The mammillated projections are due to vascular dilatations. An incision discloses immediately beneath the mucous membrane a hollow areolar structure, resembling erectile tissue. As time elapses these projections become atrophied, the surface shrinks and is not distinguishable. The serotine membrane is slowly exfoliated, and according to Kölliker, a new membrane is not fully reproduced until about the second or third month. Some authors, particularly MM. Robin and Tarnier, have expressed the opinion that the uterine sinuses are closed after the separation of the placenta by a physiological thrombosis; but Hervieux and Barker claim they are compressed by the contraction of the tissues in which they are imbedded, and that when thrombi are found it is due to the rapid separation of the placenta or some pathological condition in the surrounding tissues.

Inflammation arrests these physiological changes, and gives rise to various modifications, according to its intensity and exciting cause.

Barker says, "If opportunity offers for examination of the uterus in the early stage of puerperal endometritis, we find the internal surface covered with a thick, viscid, reddish coating, consisting of epithelial debris, mucus, blood and pus globules." This is easily removed by pouring upon it a stream of water. The mucous membrane is found thickened; if suppuration has taken place, points of ulceration will be found, in some places extending to the muscular surface. Incising the placental surface, the sinuses are found filled with dark blood, partly coagulated, or with fibrinous deposits, these frequently softened. If the surface be squeezed drops of pus will exude. In a case that came under my care the whole vagina and, I have reason to believe, a post-mortem not being permitted, the uterus, was lined with a diphtheritic membrane. Such deposits have been described by German writers, also by the late Dr. Parry, in an epidemic that occurred at the Philadelphia Hospital. The

odor is strong and offensive. In the severe cases, with greenish black putrilage, it is excessively fetid. When we have the interior covered with a yellowish-green exudation, firmly or loosely agglutinated, so detached as to appear corrugated, the mucous membrane beneath reddened, tumefied, partially softened, and the exudation interpenetrating the placental surface, giving it an ulcerated appearance, Rokitansky calls it uterine croup. A more severe condition, with the internal surface covered with a thin, opaque, green-brownish or dark chocolate or coffee-colored product, and the tissues beneath converted into a fetid pulp, he denominated uterine putrescence.

Endometritis may occur without invading the muscular walls, but Klob concludes that metritis in a majority of cases is consequent upon inflammation of the uterine mucous membrane. Rokitansky believed it to consist of or begin as a phlebitis of the uterine sinuses. These sinuses, particularly of the placental surface, as a result of phlebitis, become filled with dark, partly coagulated, blood or fibrinous concretions. This matter breaks down, pus is formed, the surrounding tissue is destroyed by ulcerative action, and abscesses are formed, generally isolated and limited, but sometimes forming large collections of pus. Sloughing of the walls of these abscesses occurs internally or externally. The former is more favorable; if into the abdominal cavity, peritonitis is at once set up. It may sometimes take place into surrounding viscera that have become adherent.

Says Barker, "In severe epidemics true gangrene of a portion of the uterus is not infrequently met with. It may be recognized by a black or livid portion surrounded by a more or less unequal fringe of red, by the disorganized detritus and the gangrenous odor. It more frequently affects the cervix than the body; the mucous membrane than the muscular tissue."

When we remember the peculiar modifications the uterus undergoes during gestation, the great development of its mucous and muscular tissues, particularly the vascular apparatus, the contractions and compression it undergoes during parturition, and the operations that are often necessary for the removal of the fœtus and placenta; the immense quantity of blood at times lost, and the rapid retrocession of its tissues after delivery, is it surprising that the tissues are liable to morbid processes?

The causes are divided into three classes: 1. Imprudence, as rising from bed prematurely. In a case of mine a fatal attack was induced by stepping on a bare floor on the fifth day. 2. Traumatic lesions of the cervix, placental seat, or muscular walls of the uterus. 3. Toxæmia—as uræmia, septicæmia, pyæmia, and particularly the special poison of puerperal fever. The latter is the special cause we have to combat in the wards of a large hospital. In some epidemics no metritis is present. The most prominent symptoms are pain, increased volume of the uterus, decreased or excessive and very offensive lochia, chill, increased temperature, rapid pulse and cessation of lactation.

The pain resembles after pains, but more continuous. If severe, and occurring on the second day, should require careful attention. It differs from the agony of peritonitis, being usually dull and obscure, increased by motion or pressure. Some cases occur in which pain is only elicited upon deep pressure.

Increased volume is a symptom never absent. The uterus is sometimes found on the second day six inches above the pubes, and may still be felt above the pubes by the fifteenth to the twenty-fifth day. The size is due to tumefaction, as well as arrested involution.

In violent attacks the lochia is sometimes suppressed. Its return, normal in appearance and quantity, may be regarded as a favorable symptom. If, however, we find it purulent early, or if the sanguineous discharge continues longer than the first week, or returns after it has once ceased, particularly if its return be attended by febrile symptoms, we should regard it as a grave symptom. The simple disease is rarely ushered in by a chill or excessive febrile symptoms. If it has gone on to the suppuration stage, we will have recurring chills. If gangrene be developed, prostration becomes extreme, the face pale, the surface covered with a clammy perspiration, the pulse is feeble, respiration hurried, extremities cold, and the lochia horribly offensive. In epidemics, violent and severe cases run their course in a few days. The less severe form is longer in duration, but attended with great danger; suppuration commences early, gangrene, peritonitis or phlebitis. Such cases, however, sometimes recover. I am confident that the uterine croup of Rokitansky, or a less severe form of inflammation, occurs more frequently than is suspected, and passes into chronic metritis or the "areolar hyperplasias" of Thomas, or is the cause of the uterine flexions that frequently follow confinement.

In a case with decreased lochia, quick pulse, and more or less fever, it would be well to give—

℞. Pulv. ipecac, co., gr.x
Hydrarg. chlor., mit.. gr.v. M.

at once, and direct a turpentine stupe over the abdomen, to be retained as long at it can be borne, and followed by cotton saturated with laudanum. Opium should be given in sufficient quantity to relieve pain. If the tumor has not decreased in two or three days a blister should be applied, and a combination recommended by Barker of—

℞. Ext. ergot., fl., Squibb's,
Tinct. nucis vom.,
Tinct. ferri chlor., āā f. ℥ ss
Glycerin.,
Syr. aurant. cort., āā f. ℥ j. M.

Sig.—A teaspoonful every four hours.

The most effective agent, however, in the treatment will be vaginal, or even intrauterine injections. For this purpose we may use warm water, with Labarraque's solution, acid carbolic, potass. permanganate or acid salicylic. If the lochia be purulent they should be used five or six times daily. If fetid, intrauterine injections should be used. For this purpose the fountain syringe should be used, as the ordinary syringe, by its force, would endanger the uterine mucous membrane. Precautions should be taken to prevent the entrance of air into the uterine sinuses, also to provide a ready exit for the liquid from the uterine canal. The latter can be done by passing a double canula, or a soft catheter may be passed alongside the syringe tube.

In the case that heads this paper a marked improvement of all the symptoms was noticed during the time the intrauterine injections were made.

Nutritious food, stimulants and quinine should not be omitted.

In the suppurative and putrescent forms our main reliance, in connection with intrauterine injections, should be upon quinine and alcohol.

AN EPIDEMIC OF SCARLET FEVER.

BY L. N. DAVIS, M.D.,
Of Farmland, Ind.

On account of a recent outbreak of scarlet fever in our locality, which has within the last month or two assumed fearful dimensions and alarming malignancy, I ask leave to report a few cases of the severest type.

The disease had been prevalent, to a greater or less extent, in our town, since the 1st of December, 1878. It was of the mild, regular, or simple form. Not a single death resulted in from twenty-five to thirty cases which I treated, although we had nephritis, dropsy and adenitis, in no less than four or five of the number. So mild, indeed, was the type, that many physicians sneered at the idea of its being scarlet fever, the rash in many cases being poorly defined, but in most of them entirely absent. Throat symptoms, though present in all of the cases, were far from being prominent in many; and the febrile movement was but slight. The epidemic seemed to have expended its force; for there had been a lull for about a month, when all at once it received new impetus, and broke out with increased virulence. As several victims were imbued with the fatal contagium from the same source, I shall attempt to give the cases in the order in which they occurred.

April 23d. Dr. Maltbie and myself operated upon Willie Sumwalt, aged 9 months, for hare lip. We completed the operation at 5 P.M. At 8 A.M. next day we found him with a temperature of 104°, and thickly covered with the scarlet rash. Extensive cellulitis and adenitis followed, in consequence of the wound of the lip. The inflammation abated, however, by the sixth day, with proper applications, and the fever also, but the infant died on the tenth day of its sickness, from failure of strength.

April 24th, or twenty-four hours after the child was attacked, the mother, Mrs. Sumwalt, aged 21 years, took the disease, attended with the severest symptoms during its whole course; temperature ranging from 101° to 104°, pulse from 100 to 150; nausea, vomiting, diarrhœa, dry, dark tongue, sordes on the teeth, hemorrhage from the throat, delirium, subsultus, and finally adenitis and suppuration of the cervical glands. She is now recovering.

April 27th. Dr. R. T. Maltbie, aged 28 years, who assisted in the operation on the child, and who assisted also in dressing the wound afterward, took scarlet fever. The Doctor was not possessed of a robust constitution; was an ardent student; had just finished his last course of lectures, and no doubt had applied himself more closely than was promotive of good health. He was a lover of the profession he had chosen; prompt to every duty pertaining to it; was present to lend assistance in every emergency, and give aid wherever and whenever it might be required, little thinking of his own safety and of the fearful danger to which he was exposing himself daily.

April 28th, 8 A.M. I found his temperature 100°, pulse 102, with severe vomiting and retching; rash well defined, but not dusky. I gave him ice to chew, lemonade to drink, sol. chlorate potassa, with two drops fl. ext. belladonna every six hours; move the bowels with seidlitz powder. 9 P.M. Temperature 101°, drowsy, smarting in

passing water. The urine has a dark, sooty appearance, and is loaded with albumen. I ordered the surface sponged frequently with cool water.

April 29th, 8 A.M. Temperature 102°, pulse 108. 9 P.M. Temperature 104°, pulse 132; comatose. Continued the treatment, and gave four drops each of tinct. digitalis and aconite in a teaspoonful spts. mindererus, every three hours; used carbolized spray in the mouth and nose.

April 30th, 5 A.M. Temperature 103°, pulse 126; passes a moderate quantity of urine, but attended with tenesmus, and still contained albumen. I gave cold pack, and quinia in three-grain doses, every three hours; brandy and milk as freely as could be taken.

May 1st. Rested but little last night; was troubled with singultus and dyspnœa all night. Singultus continues this morning. The skin of the whole surface is intensely red, swollen and sore; conjunctiva very much injected; temperature 102°, pulse 132. I moved the bowels again with saline: gave 5 grains of musk, which partially controlled the hiccough. Tonics, milk, sponging, and grease to surface continued.

May 2d. Temperature 99°, pulse 132; eruption fading on the chest; tongue dry and dark; but little rest last night; more or less subsultus and delirium. Sponged the surface with tepid water: omit digitalis and aconite.

May 3d. Passed sufficient quantity of urine in twenty-four hours, but it is dark and contains albumen; was very restless and delirious during the night; drinks milk and broth pretty freely; temperature normal; pulse 132, and feeble.

May 4th. Great restlessness all night, with dyspnœa and delirium. Temperature normal, pulse 136. Brandy and milk to be given freely.

After the most restless and wakeful night that human nature can possibly experience, in its last futile efforts against disease, he expired at 7 A.M., May 5th.

April 25th. Sophia Thornburg came to work for her sister, Mrs. Sumwalt. Three days later she took scarlet fever, which was as severe in character as the case of her sister, above described. She escaped without renal or other complication, and recovery seemed complete by the end of fifteen days.

April 27th. Miss H. F., aged twenty, who sat up at Mrs. Sumwalt's three days previous, took scarlet fever. Has had the disease once, and made a favorable recovery in a few days.

Three days after her return home her little nephew, aged four years, took scarlet fever in its most aggravated form, followed by suppuration of the cervical lymphatics; and finally, three weeks later, by renal dropsy, which eventuated fatally on June 9th.

May 22d. Rose T., aged two years, took scarlet fever. Recovered in five or six days, without complications.

Her father, who had visited his sisters at Sumwalt's, had been sick the preceding five or six days, with sore throat and fever, which probably was true scarlatina; though no physician saw him, and of this we cannot be positive. The little girl had also been exposed to her aunt, though she (the aunt) had been well for about ten days, and had taken the utmost pains to boil and clean every article of her clothing; as well also to resort to frequent ablutions of her own person before coming home. Consequently the exact source of contagion and time of exposure cannot be arrived at in this case.

The same may be said of the following cases: although of a different family, the two (father and son) live on the same farm, and their families intermingle daily; so that the exposure of one child of either family might be considered common to all of both families.

The time of the attack in the children of the two families shows conclusively that the seeds of the disease were sown about the same time; for the next day (May 28th) three girls of Isaac T., aged respectively four, six and twelve years, were attacked.

The disease was ushered in with severe vomiting and diarrhœa, and all of them died. The oldest on the sixth day, from prostration, induced by high temperature and intense blood poison. The second on the sixth day, from extension of a diphtheritic deposit into the larynx. The youngest on the 12th day, from extensive swelling of both sides of the neck, and probably œdema of the glottis.

June 1st. Alva T., aged eight years, brother of the little girls, was attacked. The symptoms during the first two days of the disease were as aggravated, apparently, as were those of any of his sisters. A blister was applied over his stomach, to control the vomiting, and five grains of sulphur with equal quantity of pepsin were given every four hours. In three days the boy began to sweat; the vomiting ceased; the tongue cleaned off moist, and only moderately red, instead of very dry and dark or intensely red, as it had been wont to do; and he made a rapid and favorable recovery without complication or sequela.

A few days later his brother, Elmore T., aged 15 years, was attacked with scarlatina. He had

been using sulphur for several days prior to the attack. It was continued. The boy did not take his bed at all, and in five days was plowing corn.

May 27th. Mary T., aged 18 years, at full term of pregnancy, was attacked.

May 28th. Found temperature 99°, pulse 100; throat sore and rash well defined; tongue lightly furred, appetite good.

May 29th. Temperature 101°, pulse 120; tongue heavily coated, with red tip and edges.

8 P.M. Was called upon to wait on her in confinement. After a protracted but easy labor, she was delivered at 10 A.M. the next day. My friend, Dr. Keener, delivering the placenta, we left her in good condition and excellent spirits.

May 31st. Temperature 100°, pulse 112; lochia normal, appetite good, and she was quite jovial. Gave emulsion of turpentine three times a day, and tinct. ferri mur. in five-drop doses after each meal.

June 1st, 10 A.M. Temperature 103°, pulse 120. Rested poorly last night; pain in back and loins. Bowels somewhat tender. Lochia natural in quantity and character. Light secretion of milk. Surface has a scarlet hue; tongue red strawberry appearance; bowels moved twice with oil. Ordered turpenine stupes to abdomen; vaginal injection of carbolized water every five hours; three grains quinia and Dover's powder, each, every four hours.

June 2d, 11 A.M. Temperature 103½°, pulse 136. Moderate secretion of milk. Severe rheumatic pains in the joints of the upper extremities, so that it becomes utterly impossible to move either arm. Lochia still continues; appetite fair; copious secretion of urine.

June 3d, 9 A.M. Temperature 104°, pulse 126. Rested poorly last night; was short of breath and delirious. Three loose, spontaneous discharges from the bowels; lochia diminished in quantity, and more offensive; milk drying up; œdema of and rheumatic pains in the legs. Added opium, in moderate doses, every six hours.

June 4th, 9 A.M. Temperature 102½°, pulse 115; flushed and hectic appearance of cheeks.

June 5th, 8 A.M. Axillary temperature 105°, pulse 125. Great restlessness, dyspnœa and thirst, all night. Chews ice constantly, to satisfy the thirst and cool the mouth and stomach. Decided tenderness and great distention of the bowels. Also very much troubled with strangury. Urine contains a large portion of albumen. Placed a large blister above the pubis; gave four drops each of tinct. of digitalis and aconite every two hours till temperature and pulse are reduced. 5 P.M. Temperature 103°, pulse, 102. Tongue so dry and stiff that she cannot protrude it. Blister drew well; not so much thirst nor distention of the bowels.

June 6th, 10 A.M. Temperature 102°, pulse 96. Rested better last night. Took suddenly, at 6 P.M., while eating some broth, with extreme prostration and congestion, during which she could not speak nor swallow. Pulse was not discernible at the wrist, and every symptom was but the premonition of immediate collapse. Dr. Keener and myself arrived, and ordered whisky as freely as could be poured down the throat without strangulation, but little expecting that reaction would ever come up. We were mistaken, however, for reaction did come up in the course of an hour; and with it came the most agonizing, burning, peritoneal pains, during which the woman would scream till she might have been heard more than a mile. They were quieted by a large dose of morphia hypodermically. The blister was again laid higher up on the abdomen, thinking it might assist in controlling the lancinating pains. Morphine repeated sufficiently often to control the pains.

June 7th, 10 A.M. We found the axillary temperature 105, pulse 150 and very feeble; dark cynnotic appearance of the face and extremities, and profound coma. Morphine given when necessary to control the pain, which was unbearable when the drug was omitted.

June 8th. Temperature 102°, pulse 120. Less coma. Has taken little nourishment. Less abdominal pain. Not more than three ounces of urine secreted in the past twenty-four hours, and that very dark and albuminous. Dark gangrenous ulceration of both hips; also extensive vulvitis. Emollient poultices applied to the vulva, and carbolized lard to ulcers; placed her upon an air cushion.

June 9th, 10 A.M. Temperature 101°; pulse 96; rested more last night; about six ounces of urine secreted in past twenty-four hours. Gave a solution of acetate potassa., with ten drops of the fluid extract of jaborandi, every three hours.

June 12th. Temperature 102°; pulse 106; urine very scanty and dark. Bowels inclined to be loose, and are very tympanitic; expels large amount of gas with each passage; had two or three involuntary passages during the night. Turpentine emulsions resumed three times a day.

June 13th. Had mild uræmic convulsions at short intervals all night. Extremely nervous and comatose; can scarcely be aroused to answer a

question. Used dry cups to loins; sponged the surface with tepid water, and gave three drops each of fluid extract gelsemium and digitalis every three hours, cold applications to the head and mustard to the spine.

June 14th. Symptoms of uræmic convulsions have pretty well disappeared; but very comatose and nervous.

June 19th. Found the right parotid gland very much inflamed and enlarged. Temperature 102°: pulse 96; voids from eight to twelve ounces of urine, on an average, in twenty-four hours, which is very dark in appearance, and heavily charged with albumen. Ulcers on the hips show but little tendency to heal, present a sloughing, unhealthy appearance. The labia are most intensely swollen and red. Cloths wrung out of a strong oak ooze are applied thereto; gave teaspoonful of extract of malt every three hours. She improved steadily from this time, and at present writing (June 27th) her recovery seems to be a foregone conclusion. The extensive blistering, which resulted in a deep sore, might be regarded by many as an entirely unwarrantable procedure at the time, and under the circumstances, but, in my judgment, it was the important factor in the treatment, and that which prevented a fatal issue of the puerperal peritonitis.

The case has been one of rare interest and remarkable severity; and during its whole course there has been a degree of fortitude and endurance upon the part of the woman seldom seen in any case. Had this not been the case death would have closed the scene long ere this, and the sad anticipations of her relatives, nay, physicians also, would have been fulfilled. Her tenacity of life and tranquillity of mind, the earnest pleading look for assistance when possible, or perfect resignation when no assistance could be rendered, were such as to inspire the physician with a perfect knowledge of the unlimited responsibility which rests upon him, and to make him feel that the medical profession is one of the grandest and most noble of all callings.

Her offspring, though feeble at first, is now quite healthy, and, according to my judgment, has escaped the disease. Upon this point, however, there might be some discussion, for, of course, the skin was red, and subsequently there was slight desquamation; but there were not more redness and desquamation than we have in many newly born infants in which we have no reason to suspect scarlatina, and these were the only indications of the disease in this case. Consequently, I feel perfectly justifiable in asserting that the child was not contaminated with scarlet fever at the time of its birth, nor has it been since. It nursed its mother but little, as there was but the smallest amount of milk secreted at any time. My treatment during the epidemic has been expectant. Suffice it to say that, contrary to the advice of Dr. Black, of Newark, Ohio (volume xl., No. 10, Reporter), I did not have recourse to "ipecac in diaphoretic, hydrargyrum cum creta in laxative, and nitrate of potash in diuretic portions," for in all of the severe cases we had vomiting and diarrhœa, more or less, and generally severe from the incipiency of the disease; moreover, I confidently believe that had I resorted to this treatment I could have had severe if not fatal cases of all of them. Neither do I find that buchu, acetate of potash, juniper, or any other diuretics furnish the least protection against nephritis, and I verily believe that they are decidedly injurious after its onset.

Nourishment has been given *ad libitum*, and the following are among the medicinal agents and means used: sulpho-carbolate of sodium, tinct. baptisia, carb. ammonia, chlorate of potash, quinia, tinct. iron, belladonna, digitalis and aconite; frequent sponging with cold water and grease to the surface, and cold pack; ice internally; local application of iodine, ammonia, etc., to enlarged glands; cathartics, generally castor oil or saline, when indicated; diuretics, acetate potash, buchu, etc., when there was the least hope of success. Every one of these remedies, and every combination of them that I have been able to make, has signally failed; so much so, indeed, that I am almost constrained to believe there is not the vestige of virtue in them, however skillfully applied and sedulously carried out.

I am an enthusiastic believer in the efficacy of the sulphur treatment. I have observed its action in three cases only, two of which are given, and the results in these, I must say, were marvelous, all that could be desired. I shall not theorize as to the modus operandi. The clinical fact which the results of its use establish is sufficient; and one clinical fact is worth a whole volume of flimsy theory, to the busy practitioner.

The incubation, it will be observed, was exactly three days, in four of the cases which I have given in which the exact time of exposure was positively known.

—Mrs. Partington has been reading the health officer's weekly reports, and thinks "total" must be an awful malignant disease, since as many die of it as all the rest put together.

Medical Societies.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

At the meeting of the Society held on the 28th of March, 1879, Dr. E. E. Montgomery read a paper on

Puerperal Metritis,

which is given on page 23.

Dr. J. B. Walker has seen a number of cases, and believes the disease to be more frequent than reported, often passing unrecognized. In the Philadelphia Hospital it is rare for a woman to pass through the puerperal condition without more or less inflammation of the womb. The most common cause in hospital is toxæmia, more, perhaps, than in private practice. He would like to emphasize the value of local blood letting in certain epidemics. Began practice with the idea that arterial sedatives could do all that it was possible to do by blood letting. In the midst of one of the frequent epidemics at the Philadelphia Hospital, he was induced to try leeches, because the death rate had reached an average of 66 per cent. of all attacked. The first case tried was that of a thin, feeble, asthenic woman, just attacked with symptoms so severe as to give little hope with the then high rate of mortality. Twenty-five ounces of blood was taken from the epigastrium by leeches. The result was immediate, and recovery so rapid (only three days longer than the normal puerperal condition) that it was resorted to in all the following cases of that epidemic, with a decrease of one-half in the death rate, or to thirty-three per cent. That the epidemic influence was not gone or lessened was shown by the violence of the onset and the number of cases attacked remaining the same until removal to another building. The other elements of treatment remained the same as before applying leeches.

Dr. J. T. Eskridge reported five cases from private practice, all of which recovered. They were treated by vaginal injections of carbolic acid, turpentine stupes, calomel and bicarbonate of soda, to free the movement of the bowels, and tinct. veratrum viride in full doses, five or six drops every hour, until the pulse fell to sixty, or even fifty, per minute. He believes there is no danger with this remedy, because alarming symptoms come on long before there is real danger. It is easy to rally the patient from the depression, if too great, by brandy.

Dr. S. Updegrove believes that metritis may exist before and during labor. An adherent placenta is a sign of an already diseased condition of the womb. He agrees with Dr. Eskridge in the employment of veratrum viride, which should be watched very closely, but when so watched it is preferable to blood letting, because it allows the production of a greater effect than one dares to produce by leeches.

Dr. W. M. Welch has not had metritis follow as a consequence of removal of adherent placenta, nor the use of forceps or other obstetric operation. It is frequently caused by toxic agents, as proved by its greater frequency in hospitals, and he would say, therefore, blood letting was not indicated. Post-mortem appearances also argue against blood letting. He relies upon a supporting plan of treatment—alcohol, quinine, and especially opium; would not like to undertake a case without opium.

Dr. E. R. Stone witnessed an epidemic while a resident in the hospital. Veratrum viride and opium were used freely and pushed to their full effect, but with very unsatisfactory results, nearly all dying, until he came to look upon a woman as doomed from the day of the attack of childbed fever.

Dr. E. E. Montgomery believes that all operations requiring the introduction of a foreign body into the womb render the woman more liable to an attack. His first twelve cases were seen while a resident in the hospital. The first three died. He then became bold in the use of veratrum viride and morphia, with the result of not losing a fourth case. Once he reduced the respirations to five per minute.

Hospital patients all have a tendency to an asthenic condition; therefore he was opposed to blood letting among them. When the pulse became weak he would give digitalis.

In all epidemics the early cases were more violent, which might account for Dr. Walker's success.

Editorial Department.

Periscope.

On the Influence of Singing upon Health.

In the *Allgemeine Medicinische Central Zeitung*, S. M. Wassiljew reports:—

In the examination of 222 singers, from nine to fifty-three years of age, as to the growth of the body, dimensions of the chest, and breathing capacity, the following facts were observed:—

The growth of the body advances beyond the twenty-fifth year. The increase, however, is not proportional to the age, but more rapid toward puberty.

Compared to non-singers, the dimensions and excursions of the chest walls were found greater. Both increased with the size of the body, age, and the number of years engaged at singing; in the former more rapidly about puberty; in the latter until the twenty-fourth year.

The expansive power of the chest was found to be intimately connected with the state of the health, being smaller in the intemperate and in persons disposed to phthisis.

The force of inspiration and expiration, and the vital capacity of the lungs, were also found to increase with the size of the body, age, and the number of years engaged in singing; the maximum in each case being attained at about the twenty-second year.

In view of the greater vital capacity of the lungs, the author concludes that singing alone, judiciously conducted, can never produce emphysema.

From the 22d to the 28th years, all the measurements obtained were found to diminish, increasing again from the 28th to the 38th year. As a cause of this phenomenon, the author gives a failing in the nutrition of the body, occasioned by irregular habits of life.

As much as singers are liable to laryngitis, they are exempt from bronchitis.

Emphysema is not oftener met with among them than among non-singers.

The mortality among singers is small. Statistics extending over a period of twenty-five years, exhibit not a single instance of death from phthisis.

Bright's disease of the kidneys is a common affection among singers, even among those who are temperate in their habits.

As a practical application of the results obtained, the author concludes by referring to the beneficial influence the practice of singing might have upon the development of the chest in phthisical subjects, considering it even more efficient, in this respect, than gymnastics.

How to Postpone the Use of Spectacles.

Dr. W. Cheatham writes to the Louisville *Medical News*—

Till lately I have advised the use of spectacles the instant their want is felt; but now we have in sulphate of eserine a remedy (and a safe one, I believe), by which the wearing of glasses can be put off for several years. In presbyopia we have loss of distinct near vision, caused partly by the loss of power in what is known as the ciliary muscle. Eserine is a stimulant to this muscle, producing contraction, and in that way assists in accommodation.

From my results so far I believe that spectacles may be dispensed with for several years after their want is first felt. I usually order eserine sulphat, gr. j; aquæ dest., ℥ j; one drop to be put into each eye at bedtime. On account of the artificial myopia produced I order it to be put in at bedtime. It may be dropped in at any time, as the myosis soon passes away.

Besides its employment in glaucoma and other inflammations of the eye, and in presbyopia, I have found it of great use in asthenopic (weak) eyes, depending upon oversightedness and weakness of accommodation, the latter the result of either overwork, general debility, diphtheria, etc.

Spectacles in presbyopia (the loss of near vision from age) always give ease; but there is a certain discomfort from the use of glasses, besides many other objections brought forward by patients, all of which, as a usual thing, can be referred to pride. This pride we should humor as much as possible. If by means of the eserine we can give them as great comfort and preserve their eyes as well as by means of spectacles, I think it proper that we should do so.

Doubtful Utility of the Hot Vaginal Douche.

Dr. A. Reeves Jackson, formerly Surgeon in Chief of the Woman's Hospital of Illinois, writes to the St. Louis *Clinical Record*—

It would seem that, of all the local conditions demanding the especial effects which are attributed to hot water injections, none would be more likely to be benefited by them than vaginitis; yet I have not only been disappointed in every case of this disease in which I have used them, but I am sure that in some their employment was injurious.

Whether the good effects of this remedy in the treatment of uterine disease have or have not been overrated, it is quite certain that there are some drawbacks to its use. For example, several patients have informed me that the douche was followed by great prostration, lasting, in some instances, several hours. Others, again, have been obliged to abandon it entirely because of long continued flushings of the face and throbbing headache resulting from its use.

The experience of others may not correspond with my own, and I feel some hesitation in placing myself in a position not in accord with the popular opinion concerning this remedy, which, at present, is so much in fashion. Nevertheless, I am constrained to say that it has disappointed, in a great degree, the expectations I had formed of its very great efficacy, and which were founded on the high ecomiums lavished upon it in various quarters.

Tartar Emetic in Rigid Os Uteri.

This illustrative case is reported in the *Lancet*, by Dr. J. A. Irvine:—

Mrs. B., aged twenty-three, primipara. I saw her on the morning of the 26th of September last. On examination I found the os beginning to dilate and slight pains present. The membranes were intact, and I left her in charge of an experienced nurse. On again visiting her, some hours after, the pains I found still present, but rather irregular. I again examined the os, and found very little advance made since last visit. I saw her again in the evening, it being now altogether twelve hours since the commencement of labor. The os was at this time rigid, and no further dilatation had taken place, notwithstanding the strong and frequent pains. The lips had a hard, ring-like feel, very different from the semi-pulpy os sometimes met with. The patient's strength was good, with but little constitutional disturbance. I determined to give her antimony in small, frequent doses, and accordingly administered one-sixth of a grain of tartar emetic every ten minutes. A few doses thus given produced nausea, and after the fifth dose vomiting took place, when the administration ceased. On examining the os after a short interval, I found the rigidity gone, and the hard ring vanished. As soon as possible I ruptured the membranes, and safe delivery fol-

lowed. The rapid effects of antimony in this case were surprising, and from a similar experience subsequently I believe that the small and frequent doses as here given are the best way of exhibiting the drug. Dr. Hall, of Montreal, recommends half a grain every half hour, but dangerous depression might in many instances supervene.

Poisonous Mushrooms.

Mr. J. A. Palmer has a paper on poisoning by mushrooms in the *Moniteur Scientifique*. He states that there are three different ways in which mushrooms may act as a poison. First, they may produce the effects of indigestible matter, as when the hard coriaceous species is eaten; and even the edible mushroom may cause a similar result, for when it is decomposing it gives off sulphuretted hydrogen gas in quantity sufficient to induce vomiting. Second, mushrooms may be gelatinous or acrid. Third, a subtle alkaloid, without smell or taste, is contained in some mushrooms, as, for instance, in the group of the Amanitæ, and is called amanitin. No antidote has yet been discovered for this poison, and to it most of the cases of death following the eating of mushrooms is due. It is at first slow in its action, but after the lapse of eight to fifteen hours the patient experiences stupefaction, nausea and diarrhœa. Delirium follows, and then death. Mushrooms containing amanitin will impart poisonous properties to wholesome varieties, if both happen to be placed in the same vessel. The poison can be absorbed by the pores of the skin. Mr. Palmer carried in his hand some amanitæ wrapped up in paper, and, notwithstanding the protection which the wrapper should have afforded, he was seized with alarming symptoms.

Diagnosis of Fractures of the Radius and the Clavicle.

In the Edinburg *Medical Journal*, Mr. John Duncan writes—

Let us consider for a moment the diagnosis of the two most common fractures of the body, that of the lower end of the radius and of the middle of the clavicle. They are both due invariably, or almost invariably, to indirect violence. If a person fall upon the palm of the hand he may sustain one of three injuries from the bending backward—a dislocation of the wrist, a sprain of the joint, and a fracture of the lower end of the radius. The first is so very rare as hardly to be worthy of discussion in the present connection. I have only once seen it, and then, as I was manipulating to define the relations of the styloid processes, the joint slipped into position. I cannot say, therefore, from experience, what the exact situation of tenderness is. Doubtless it is over the joint itself; but doubtless also, the diagnosis depends on the deformity.

As to the means, however, of making a comparative diagnosis between the other two, I am absolutely certain. The characteristic deformity of Colles' fracture is marked in at least nine cases out of ten, and there is required for diagnosis nothing more than careful inspection. But in the tenth case the deformity is so slight as not to be easily made out, or is masked by the general swelling. It is in the distinction of these more obscure examples from sprain that tenderness plays its rôle. If there be a fracture, the pain on pressure is most severe above the level of the styloid process of the radius, both before and behind; if there be a sprain, the pain is in the region of the joint. It is impossible to have anything more definite and precise.

In fracture of the clavicle, pain on pressure is also pathognomonic. You have only to run your finger along the line of the bone. No doubt, in all cases, for purposes of treatment, you ascertain whether deformity is present. But that is not necessary for diagnosis, and its absence is not a source of embarrassment. Tenderness here is the important sign; swelling and deformity come next, and no other sign—neither mobility nor crepitus—need or ought to be sought for.

Aphorisms on the Nature and Treatment of Gonorrhœa.

Dr. Louis Bauer lays down the following, in the St. Louis *Clinical Record*:—

1. Gonorrhœa is indisputably a local disease.
2. The cause of gonorrhœa is local also, and of ephemeral duration.
3. Gonorrhœa is inflammatory in character, and if not disturbed by stimulating treatment, limited to the anterior portion of the urethra.
4. Primarily gonorrhœa affects the mucous membrane only.
5. Whatever may be the primary disintegration of the urethral lining by gonorrhœa, the structures involved are endowed with the power of spontaneous repair, that is to say, the reproduction of epithelium.
6. The reason why the erythematous inflammation of the urethral canal deserves special consideration and treatment is its special function to serve as an aqueduct for a saline fluid (urine).
7. The only rational indications for the treatment of gonorrhœa, are:

a. To protect the raw surface of the mucous membrane against contact with urine.

b. To dilute the urine by frequent bland beverages, warm (alkaline) baths, and the like.

c. To reduce the inflammation and the hyperæsthesia of the nerve papillæ.

The Use of Damp Cotton in place of the Surgical Sponge.

Sponge is sandy, rough, of animal origin, and dangerous. Dr. W. H. Mays, in the *Western Lancet*, urges in place of it damp cotton. It is prepared as follows:—

Take the absorbent cotton of Hance Bros. & White, and without disturbing the layer-like arrangement in which it comes, squeeze it as dry as possible out of carbolized water, strength one in forty. Then carefully separate it in layers, and divide it into pieces the size of the hand. These pieces should be pulled apart until they are light and flossy, and then placed in a pile ready for use. Each piece is used but once, and when saturated with absorbed fluid, is thrown into a bucket under the table and a fresh wad taken.

In ovariotomy, the cul-de-sac of Douglas plays the part of a pocket or well into which the effused fluid gravitates. It is necessary to frequently introduce an absorbent to soak up the contents of this reservoir, and I find that by ensheathing the fingers in a layer of damp cotton (like an old-fashioned fingerless mitten) the open hand can be passed easily down, the bowels pressed gently aside, and the deposit reached and absorbed without any roughness such as would accompany the thrusting of a sponge into that cavity. To dry the intestines they can be laid on a thin cushion of this cotton wrapped round the fingers of the left hand, while touched softly with a wad of the same held in the right.

I apprehended at one time an objection to this new absorbent in the occasional separation of a filament or two, which, being left behind, might cause trouble. But such fear is groundless. The coherence of a mass of damp cotton is something surprising: to draw away a few strands is not nearly so easy a task as might seem to those who never tried it. Applying it to the surface of the tongue, as a test, it is found that none becomes detached, and no part is quicker to detect the presence of a stray hair. In a tuft of damp cotton there are no loose filaments.

The superiority of this absorbent over the foul, harsh sponge ought to need no labored demonstration.

Rules for Managing the Third Stage of Labor.

The following precepts are laid down in the Chicago *Medical Journal* on this subject, by Prof. De Laskie Miller, M.D.—

1. Contractions of the uterus after the birth of the child are essential to complete the detachment and expulsion of the placenta first, and second to compress the sinuses, and thus to prevent hemorrhage.

2. Periods of rest during this process are important, to permit the closing of the disrupted sinuses by sealing with coagula.

3. The early agitation of the uterus by kneading and compression, would defeat the conservative forces of nature in this stage of natural labor.

4. Withhold ergot till the placenta is detached.

5. Deliver the placenta by bringing it down edgewise with the hand, and not by traction upon the cord.

6. Inertia of the uterus without hemorrhage requires time and restoratives.

7. For inertia of the uterus with hemorrhage, introduce the hand to deliver the placenta, and at the same time secure contraction.

8. Irregular contraction is best overcome by moderate force, continuously applied.

9. Abnormal adhesion requires artificial interference as soon as the diagnosis is made.

Incontinence of Urine.

Mr. J. Scott Battams (Royal Free Hospital) calls attention, in the British *Medical Journal*, to a plan recommended by Dr. M'Intyre, of treating incontinence of urine in children by diminishing their consumption of animal food, flesh meat in any form being allowed but three days in the week. This treatment was quickly and entirely successful. Mr. Battam's experience of this plan of cure is limited to three cases; all were obstinate and of long standing. Belladonna, iron, strychnine, etc., were tried in vain. He continued the iron, and interdicted all flesh meat, including beef-tea, broth, etc. He also advised that very little fluid should be given in the latter third of the day, and that they should pass urine before going to bed. At the end of a week two of the children had quite recovered, the third also had only transgressed twice. Two of these patients came under observation three months afterward, and they still continued well; and as the third was not brought to the hospital, he probably had not relapsed. In another case, belladonna and nux vomica were rapidly curative. He was a youth aged 16, who had suffered from nocturnal incontinence for three years, since leaving school; he was well grown and nourished, but rather torpid mentally. He had always had good health. The genital organs were exceptionally small, the prepuce not too long. Mr. Battams prescribed ten minims of tincture of belladonna, and five minims of tincture of nux vomica three times a day. A fortnight later he had had no incontinence for a week, and a month later he was still well.

Antiseptic Treatment of Wounds, and its Method.

In the treatment of wounds, not only were our earlier surgeons perplexed as to the cause of the different behavior of subcutaneous and open wounds, those healing by first intention, these by copious suppuration, but especially did they dread those accidents of pyæmia, erysipelas, hospital gangrene. Whence their cause they could only conjecture.

To Billroth is due the credit of having led the way to a more rational conception of those conditions. He taught that their cause lay in the development of specific poisons by the decomposition of the fluids of the wounds, and their reaction upon the system at large, by entering the circulation.

Later, more light was brought on the question, by the discovery of minute organisms in all the products of decomposition and fermentation; and when, still later, those organisms were also found in other fluids, even water and air, and adhering to almost every object examined, the real source of infection to wounds could no longer be unknown.

From the practical application of this knowledge there follows:—

All wounds, large or small, subcutaneous or open, possess the inherent property of healing by first intention.

The healing of wounds is prevented, in the first place, by the entrance of those organic germs, not so much directly through the air, as through dressings, instruments, fingers of surgeons. In the second place, the healing is retarded by the accumulation of the fluids at the bottom of the wound. The dangers which will arise from such conditions will be prevented in two ways. First by keeping from the wound those sources of infection, the principle of the antiseptic treatment, as followed by Lister in England, and Volkman

in Germany. Secondly, by establishing a free discharge for all fluids forming in the wound, the open-wound treatment of Billroth. Applying the principle of the antiseptic treatment in practice, the surgeon must keep before him three cardinal points:—

1. Most careful cleanliness and disinfection of all things coming in contact with wounds.
2. Free discharge of all secretions.
3. Rest of the wounded parts.

To accomplish these objects, not only the wounds, but all the parts around them, must be carefully washed. The hands of the surgeon, especially the nails, must be cleaned at every operation, so also the instruments. Sponges should be rendered free of sand and repeatedly washed in disinfecting solutions. The same may be said of bandages and other dressings. They should, if possible, always be new. Among the numerous antiseptics and disinfectants, a common and efficient one is a high temperature. Various are its application to practice. It forms a most efficient means of cleaning instruments with rough surfaces, sounds, forceps, catheters. Cutting instruments cannot be subjected to this process, for obvious reasons.

The Hypodermic Use of Carbolic Acid in Piles.

Prof. E. Andrews, M.D., of Chicago, says, in the Michigan *Medical News*—

The evidence in my hands points to the conclusion that if the following rules be observed the hypodermic injection of piles is less painful and fully as safe as any other operation.

1. Inject only internal piles.
2. Use at first only one part of carbolic acid to twenty parts of the excipient, and stronger solutions only when these fail. Inject only two to four drops at first, and repeat with larger doses if needed.
3. Inject very slowly, smear the parts first with unguent, to protect them from accidental dripping, keep the pipe of the syringe in the pile for a few moments, until the fluid becomes fixed.
4. Treat only one pile at a time, and allow from four to ten days between the operations.
5. Dangerous hemorrhage has occurred, as in other operations, from the patient proceeding at once to active exercise. He should be confined to bed the first twelve hours, and returned to it subsequently if the parts inflame much or the pile suppurates or mortifies.

This great western epidemic of pile doctors is one of the most interesting events in the history of surgery, and seems to have resulted in the addition of a really valuable improvement to our resources.

Tr a'ment of Inflamed Joints, etc.

Mr. Rushton Parker writes to the *Lancet*—

In synovitis of the knee, patellar bursitis, and also boil, abscess, or other inflammation, cutaneous or subcutaneous, in the same anatomical neighborhood, I have found that similar treatment is, in principle, and often in detail, appropriate to all, and that each condition in its own way gives evidence of the part played by rest in the process of inflammatory resolution. Any one of these affections can be treated, as a rule, without laying the patient up, and is, if painful, immediately relieved as soon as the knee is fixed in the straight position by a back splint, or by an abundance of plasters enveloping the joint and continued a moderate distance above and below, or by a combination of both. A continuance of this treatment, not tightly applied, but so as to prevent or greatly to limit flexion, is not only comfortably borne by patients going about, but is generally followed by complete resolution. I cannot attribute its good effect to any compression of the plaster; witness the cases where the affected part was uncovered from first to last, a practice which I invariably adopted formerly. In each case there is an inflammatory condition which with each flexion of the knee joint is either compressed (as in the case of synovitis, bursitis, or abscess), or pulled upon (as in boil, wound, etc.). The mere cessation of this movement not only allows the patient to get about painlessly within certain limits, but, by ceasing to aggravate, permits the resolution of the inflammation. The abscess may, of course, require incision or aspiration, and the same is true of the serous fluids; in fact, much time is often saved in synovitis, and always in bursitis, by aspirating at once after fixing the joint; while in some cases it is indispensable.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Horatio R. Bigelow, of Boston, has made a very careful anatomical study of the chorda tympani nerve (Reprint from Archives of Medicine).

——Dr. C. W. Dulles, in a paper read before the Medical Society of Philadelphia county, on the meaning of a chancre, spoke in favor of defining it simply as "the initial lesion of syphilis," and thus avoiding the confusion of signification which many writers attach to that term.

——"Thevetia Iecotli and its Glucoside" is a pamphlet of a few pages, by Dr. David Cerna, containing a study of this Mexican plant and its proximate principle. The latter is a powerful poison, producing death by asphyxia and by cardiac paralysis. Locally, thevetin produces contraction of the pupil. Its medical value is undetermined. The Mexicans use the plant in making an ointment for hemorrhoids.

——Dr. Henry B. Sands has come out with a sharp reply to Dr. F. N. Otis' polemical pamphlet on spasmodic stricture of the urethra, which we noticed a few weeks ago. The following is his concluding sentence:—

"I think I have said enough to show that the theory of spasmodic stricture, as taught by Dr.

Otis, is unsupported by trustworthy evidence, and has led to serious errors in practice. Believing the doctrine to be false, and the practice dangerous, I should feel that I was recreant to my trust as a public teacher if I failed to oppose the one or denounce the other."

BOOK NOTICES.

The Pharmacopœia of the British Hospital for Diseases of the Skin, London. Edited by Balmanno Squire, M.B., Lond. pp. 80. London, J. & A. Churchill, 1879.

This useful publication will be appreciated by dermatologists. The different branches of the London Hospital for Diseases of the Skin include specimens of almost every variety of disease known, and the medical care they receive is the best in the world. Hence, the value of the formulæ which this long experience has shown to be the most effective. The directions are concise, and only those prescriptions for skin treatment are given which are not provided in the British Pharmacopœia. Mr. Squire is already well known as a judicious compiler in this direction.

Lessons in Laryngoscopy and Rhinoscopy; Including the Diagnosis and Treatment of Diseases of the Throat and Nose. By Prosser James, M.D., Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, late Physician to the North London Consumption Hospital, etc. Third edition. Illustrated with hand-colored plates. London, Balliere, Tindall & Cox, 1879. 12mo, pp. 160, illustrated.

Dr. James has been familiar with the subject of which he writes from the earliest days of laryngoscopic investigation. Indeed, he is one of the few who dimly conceived the idea of laryngoscopy, but failed to appreciate its importance before its value had been incontestibly demonstrated by Czermak.

The lessons in laryngoscopy present quite a full series of chapters on apparatus, manipulation of instruments, description of images, history of the subject, diagnosis, therapeutics and operations, illustrated with fifty-seven excellent wood cuts and five hand-colored plates. The plates give an approximately accurate appreciation of the real images, but, like all the colored plates which have appeared since those of Fürch, they are inferior to the admirable illustrations of that author. The colored rhinoscopic image retains Semeleder's incorrect outline of the pharyngeal orifice of the Eustachian tube, while the nares enclose representations of superior turbinated bones certainly anomalous. It appears as though each nasal passage contained two middle turbinated bones, with an upper one above (unmarked in the diagram) and an inferior one below. The wood-cut on page seventy is more accurate in this respect. Some of the designs in the volume are admirable. For example, the use of the word "glottis" (Fig. 25), as represented in a mirror, to teach the character of the apparent inversion of the image, and the series of enlarged views of the laryngeal image, Fig. 29 of which possesses the rare merit of correctly indicating the position of the arytenoid cartilages. Fig. 28, however, designates the thyroid as the cricoid cartilage.

A great deal of useful information is presented, and that derived from actual experience, the best guide for what is required, and this is not to be obtained in any other volume. We regret that the limited space at our disposal precludes more direct reference to these points, and hope that those interested in the subject will procure the Lessons, which comprise the handiest manual in the vernacular, and should be accessible to ever student of laryngoscopy and rhinoscopy. The language is good, the sentences are terse and to the point, and opinions are decided and reliable. Various continental and American workers receive prominent mention, but we fear that scant justice has been done to British colleagues.

The reader will be surprised to find a number of things generally accredited to other investigators, emanating as original with the author; reflectors, tongue depressors, nasal dilators, rectangular forceps, and other appliances. Though less apparent in the present edition than before, it is a great pity that a work in the English language should be ever so slightly marred by personal allusions, which detract from its satisfactory perusal, like some of the works of certain continental specialists, who seem to go to more pains to display evidences of their individual ingenuity than to communicate the results of their individual experience. The demand for successive editions of Dr. James' volumes is evidence of their real intrinsic value, and it is to be hoped that subsequent editions of "Sore Throat" and of the "Lessons" will be freed from these painful interpolatory announcements

and intimations, which prejudice the reader unfavorably, and that the "Lessons" will be furnished in future with a table of contents and an index, to render them available for prompt reference. They certainly deserve both.

A Practical Treatise on Surgical Diagnosis; Designed as a Manual for Practitioners and Students. By Ambrose L. Ranney, A.M., M.D., Adjunct Professor of Anatomy and Lecturer on Minor Surgery, in the Medical Department of the University of New York. New York, Wm. Wood & Co., 27 Great Jones st. 1879. pp. 386.

In the fullness of American surgical literature, it is remarkable that no work on surgical diagnosis has until now been produced. We have had the foreshadowing, and even the pre-announcement of a book on the subject, with an authorship that would have been creditable, but it seems to have lapsed into dumb forgetfulness.

The success of the familiar treatise on Medical Diagnosis, by Da Costa, has seemed to point to an open field and a clear track in the surgical domain. But, unfortunately, our practical surgeons who possess the full opportunities for training and experience, and for original observation in surgical diagnosis, are not, or cannot be, book makers; and others, whose control of time and whose culture might incline them to such authorship, would necessarily be merely collaters of the scattered fragments of the literature of the subject, and but repeaters of its well-worn and often erroneous traditions.

This book is hardly what its title claims it to be, "a practical treatise on surgical diagnosis," and its scope and objects would have been better indicated by such a caption as is modestly assumed by the fuller and more comprehensive work of McLeod, which is simply called "Outlines of Surgical Diagnosis." The volume of Dr. Ranney is but the tabulated outlines of surgical diagnosis, and is little more than what might have been styled a dictionary of diagnosis. It is, for the most part, but a compilation of tables of surgical differentiation.

The author says that he has endeavored to produce "a work whose system and arrangement will probably be its chief recommendation." It has been particularly his object to present the symptoms of disease in "marked contrast," and to make it a book of easy reference. The selections in the comparative tables are of such surgical diseases and injuries as are most liable to be confounded. Such selection necessarily requires great discretion, and in this book they are often at fault, from paucity.

It is not difficult to see that this volume is not the outgrowth of the life work and observation of a practical, working surgeon. It lacks the evidence of originality, freshness and thoughtfulness, and only presents the routine and traditional matter and manner of the familiar text books. The plan of its arrangement may have merit, and that might be capable of development, but this work covers but a limited part of the great domain of surgery. The contents are merely diseases of blood vessels, diseases of joints, diseases of bone, dislocations, fractures, diseases of the male genitals, diseases of the abdominal cavity, and diseases of tissues. Many important regions, organs and subjects are unnoticed. The present accurate development of the diagnosis of diseases of the eye, the ear, the nose and the throat are totally ignored.

A fault of the general plan of arrangement in what might be styled tables of differentiation is that it necessitates a vast amount of repetition.

The subjects seem to be very unequally dealt with; of the three hundred and sixty-three pages of the book, exclusive of the table of contents and index, sixty-eight are devoted to the diagnosis of diseases of the male genitals. Under the head of diseases of tissues, the subject of tumors is well tabulated, according to the classification of Mr. T. H. Green, of London, and this is one of the most satisfactory portions of the work.

There are many little points of error which will strike the attention of practical surgeons. Typhlitis is defined to be "an inflammation of the vermiform appendix of the cæcum." In hydrocele of the tunica vaginalis testis the tumor is said to be "*always* translucent." In contrasting femoral hernia with enlarged inguinal glands the latter cannot be said to be "always superficial." Barton's fracture, so called, is not "a condition in which the *styloid process* of the radius and an adjacent portion of the articulating surface are separated from the shaft of the bone." The differential definition of internal and external hemorrhoids, as given, is incorrect.

There may be in this work the creditable basis for a large and really comprehensive book of ready reference in surgical diagnosis, but it falls far short of its general pretensions. Dr. Ranney is capable of more than he has yet attained in this direction, and he has before him the field and scope for a really useful and acceptable production.

R. J. L.

THE

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NATURAL MINERAL WATERS AS THERAPEUTIC AGENTS.

Natural mineral waters are yearly growing in favor as therapeutic agents. Years ago, when the late Professor Robley Dunglison filled the chair of the Institutes of Medicine at the Jefferson Medical College, that learned and skeptical teacher was accustomed to attribute all or nearly all the benefits derived from such waters to the corrected habits of life, the change of air and scene, the rest from labor or dissipation, and the increased amount of aqueous fluid imbibed, which are the accessories of a residence at "the Springs." Whether his views were correct or not, they have not gained popularity with the profession. Every year, not only are mineral springs frequented by increased numbers of patients, but vast quantities of waters are shipped to distant points and eagerly consumed. Every drug store of any pretence has one or more kinds constantly on draught.

Believing, as we do, that many natural waters are in themselves very efficacious and valuable therapeutic agents, and destined to increase in favor, we cannot but regret that so very little has been done to classify them accurately, to analyze their solid contents and to assign them their proper positions in the materia medica. In this country there is not a single important work on the subject. Nearly all that has been written is to bolster the claims of some particular spring or locality. The numerous descriptive pamphlets sent us every year, from various health resorts throughout the country, are filled with florid statements, defective analyses, and certificates of cure as unblushing and as meaningless as those of the quack medicine almanac.

Our land is not alone in this. A recent writer in a London journal expresses his regret at the part which purely commercial companies are beginning to play in the management of mineral springs. It has been discovered that a spring of water, if it be sufficiently puffed, is a surer and more valuable source of income than a gold mine, and the statements put forward in advertisements are very often absolutely unwarrantable. It is desirable that the profession on both sides of the ocean should unite for the purpose of restraining the statements of those who have merely a money interest in mineral springs, for it will become exceedingly difficult to prescribe this or that water if, by so doing, one should seem to countenance the unwarrantable assertions which are made concerning them. It would be satisfactory if such rash assertions were made only by the trading companies, but this, unfortunately, is not the case, for many of the medical monographs appear to show a very undue amount of local bias, and to lend a too ready credence to startling therapeutic theories. It would be a great boon if the examination of the mineral springs of Europe and the United States could be made by an international commission, which should be entirely without interest in the popularity or earnings of any particular spring.

Until some such measure as this is taken no reliable guide as to the character of this or that spring can be found, and thus one of the most efficient and agreeable of the means of treating disease must remain in a vague and unsatisfactory state.

As the United States is rich in these waters, and offers both a wide variety of them and numerous localities where they occur, it would be an appropriate subject for the consideration of one of those medical or pharmaceutical bodies whose affiliations extend over the whole country, and whose reputation for impartiality is beyond question.

THE VENTILATION OF PUBLIC AND PRIVATE BUILDINGS.

A problem which has long exercised the ingenuity of engineers and sanitary officers, is how to secure pure air in public buildings, with a due regard to the economy of fuel and absence of drafts of cold air. Any one can recall churches, theatres, lecture halls and work rooms where the tainted air has produced headache, sick stomach, vertigo, and even worse results.

An investigation made this spring by Health Officer Dr. Smith Townshend, of the District of Columbia, of the Government buildings in Washington, reveals a neglect of the rudimentary principles of sanitation which is anything but creditable to this country. In that externally magnificent structure, the Treasury Department, he found that the air in all the rooms on the fourth floor, with, perhaps, two exceptions (the engravers' room and wetting room), was unfit for breathing. There is abundant air space in a majority of the rooms, if there was only proper means provided for the removal of the air rendered impure. The great necessity for ventilation which existed here is evidenced by the rude attempts which have been made to accomplish the object. Prominent among these is a series of skylights which open by means of weights and rope pulleys. These were found closed in every instance where a workman was stationed near, and they gave as a reason therefor that draughts were created whenever they were left open. This was always the case in windy weather, and rains or storms necessitated their being closed altogether.

The folly of depending upon windows for ventilation was illustrated many times. The opening of a window occasions a draught of cold air, and the one employed near suffering therefrom is not slow in closing the aperture. Employees being stationed near the windows in every instance, it is impossible to secure any fresh air by this means. Windows are the sole dependence in a majority of rooms in this building. The only salvation of the employees in the rooms of this bureau is the large amount of air space in a majority of the rooms.

The dressing rooms he describes as "perfect pest holes."

The atmosphere of the press rooms was very offensive. These rooms, five in number, have less air space *per capita* than any of the others. The minimum quantity sanctioned by authorities is 500 cubic feet per head where persons are employed at such trades as plate printing, yet here we find but 217 and a fraction air space furnished for each.

In the lower floors, in both rooms and halls, the condition of things is not much better, the air being hot, close and impure.

The secret of the foul air in the halls was found upon getting into the basement, later on. This underground portion of the building is but a vast receptacle for the manufacture of foul air, which, by means of the stairways, is carried into the halls above, and thence distributed via the transoms into the rooms. The hottest air congregating and being held in the upper stories, attracts the air from below, which is always found forcing its way in volumes up the stairways. One need only to walk down one of these openings to have a practical illustration of this fact. The basement is filled with printing offices, binderies, storerooms, and workshops for the various trades, each of which contributes its share of impurity to the air which is sent above to be breathed by the clerks and other employees.

We need not continue to refer to Dr. Townshend's report. We quote it merely to show how, in the most expensive buildings on this continent, the simplest requirements for comfort, health, and effective work have been systematically neglected.

Nor is this neglect confined to public buildings. In most of the costly residences of this and other cities, residences valued from $50,000 to $100,000

each, either the whole matter of ventilation is absolutely overlooked, or the means for securing it absurdly inadequate and foolish.

Yet the principles on which effective ventilation can be secured are not unknown. They have been repeatedly explained and occasionally tested by experiment. Every one knows that the old-fashioned open fireplace, with its fire and current of ascending warm air, is the most perfect of all ventilators. We cannot have open fire places in all rooms, but a ventilating shaft, opening *at the floor* of the room, heated interiorly by a lamp or gas jet, and running to the roof, is just as absolutely efficient and cheap. There is no draught of cold air, no opening of windows, no risk of accumulating carbonic acid gas. This simple principle, properly adapted, is all sufficient for any building.

Notes and Comments.

Therapeutical Notes.

ANTI-RHEUMATIC OINTMENT.

A writer in the *Revue de Thérapeutique* recommends the following in the pains of chronic or subacute rheumatism and gout:—

℞ Gambogiæ,
Myrrhæ,
Canellæ,
Sodii salicylatis, āā ʒ ij
Olei terebinthinæ, q. s. to liquefy.

Sig.—Use with steady friction twice daily, and then cover with wadding.

BELLADONNA IN CHOLERA INFANTUM.

During last summer, Dr. Uhler, of Baltimore, employed belladonna in two cases of cholera infantum, characterized by green stools. The belladonna was employed with the purpose of diminishing the amount of saliva and epithelium, and thus preventing these as far as possible from entering the stomach. Sufficient was given to dilate the pupils. The result was satisfactory, and both patients recovered. Opiates and other remedies had previously been employed without benefit.

PILL FOR CONSTIPATION.

Dr. Foster, of New York, suggests as a remedy for constipation a pill containing—

℞ Rhubarb (Turkey), gr. iij
Carbonate of soda, gr. j
Ipecac, gr. ss
Oil of anise, gtt. v. M.

To the above one or two grains of pil. hydrarg. might be added at times, with benefit. The pills should be taken at night.

DRESSING FOR WOUNDS.

Dr. Q. C. Smith, of California writes to the Nashville *Medical Journal*—

We have quite a number of wounds to treat up here in the mountains, and our favorite plan, especially in head wounds, is to draw the lacerated parts together with silver wire sutures, and keep the parts wet with *paregoric* and thin *simple syrup*, equal parts, leave the wound entirely open to the air and defy bacteriæ, etc. No kind of insect will touch the wound and it rapidly heals—often, in serious cases, without a particle of suppuration.

The Exhibition of Chlorate of Potash in Large Doses in Diphtheria.

The following observation is contributed to the *Southern Medical Record*, by Dr. W. W. Carpenter, of California:—

Potassæ chlorate cannot be borne in sufficient quantity to cure an asthenic case of diphtheria without causing a dangerous, if not fatal, depression of the heart. If combined with quinine or any of its alkaloids, to steady the heart's action, it can be safely borne in larger doses. In fact, the physician who would exhibit it alone is to be pitied. In union with tinct. ferri mur. and quinia, we not only have a much more effective remedy, but a far safer one.

℞ Acidi sulphurosi, ℥ vj
Glycerinæ, ℥ iv
Sol. potassæ chloratis, ad ℥ viij.

Sig.—From one-half to two teaspoonfuls every half hour, according to age.

Small and frequent doses give us all the topical application required.

Coffee in Typhoid Fever.

Dr. Pigne-Dupuytren, in the Pacific *Medical Journal*, claims to cure typhoid fever with coffee. He writes:—

When we say that we cure typhoid fever with coffee we do not pretend to cure by this means a fever which has become complicated by a grave affection of the lungs, by intestinal perforations, or by any accident that happens to cloud the prognosis. In such cases a treatment has to be used which is in conformity with the circumstances. We must admit that since we have had recourse to this plan we have never had to deal with serious complications.

The mode of dispensing the remedy is the following: Give (to an adult) two or three tablespoonfuls of strong black coffee (without chicory)

every two hours, to be alternated with one or two spoonfuls of good claret or Burgundy wine. Make the patient take, in the course of the day, a few wine-glasses of lemonade of citrate of magnesia: then sulphate of quinia.

Results of the Prevention of Conception.

In the last number of the *Vierteljahrschrift für Gerichtliche Medicin*, a physician in Königsberg gives an opinion on the question whether an advertiser who was selling a secret recipe for prevention of conception was guilty of fraud. The means turned out to be vaginal injection with cold water, for which the advertiser sold a special syringe. It was decided that he could not be prosecuted for fraud, but the writer regrets that the existing laws of that country permitted such advertisements.

There is little or no doubt but that this means, whether efficacious or not, frequently leads to uterine disease. It is too much, however, to say, as has been recently maintained, that all measures to prevent conception produce disturbance of the uterine functions. No false notions of possibly bad effects should prevent men from adhering to the rigid truth.

Another Treatment of Sea Sickness.

A steamship surgeon writes to the *Lancet*—The result of my experience has been to place very great reliance on the following treatment, which I have rarely found to fail:—The exhibition of five grains of bromide of potassium, in pure water only, three times a day, accompanied by a prohibition of all solid food, say for two or three days, limiting the patient in the meantime to a drink of half parts of milk and lime-water. I was induced to try the bromide of potassium from an article I saw about eighteen months ago, in which sea sickness was ascribed to a "series of minute concussions of the brain," which theory has always appeared to me to account fully for every symptom I have noticed present in the malady.

Organic Resistance to a Boiling Temperature.

Ch. Chamberland has found a microscopic organism which lives in nearly all liquid solutions of organic matter, provided that they have been previously neutralized by a solution of potash. It produces germs or spores which, when placed in neutral media, resist a boiling temperature for several hours. A temperature of about 115° (239° Fahr.) kills them very rapidly. His notice is in the *Comptes Rendus*.

Hygienic Effects of Sea and Mountain Air.

An Italian physician, Dr. C. Alberto, says, in a recent work—

The marine air produces the same benefit as that of the mountain, but each has a different *modus efficiendi*; the former acts more forcibly and energetically on the constitution which retains some robustness and internal resources to profit by it, while the second acts more gently, with slower efficacy, being thereby more suitable to the weaker and less excitable organizations. From this important distinction, the conscientious physician, who takes the safety of his patient much to heart, ought to be able to discriminate whether the alpine or the marine atmosphere is the better suited to the case he has before him.

A Case of Sclerostoma Duodenale.

Specimens and a description of a case of this rare parasite are forwarded us by Dr. Walter E. Hendricks, of Martinsville, Ind., through Dr. B. D. Blackstone. The patient is a young man of good habits and in good circumstances. The sclerostoma is common in southern Europe, very frequent in Egypt, but rare in this country. The specimens sent us answer the description of authors, except that they are thicker in proportion to length. Full doses of turpentine are the appropriate treatment. It is sometimes known as the *ankylostomum duodenale*, from the Greek *ankylos*, curved, rounded, and *stoma*, mouth.

Cysticercus in the Eye.

A case of this rare lesion was recently observed in this city. The extraction of the parasite resulted, we hear, in a decided improvement to sight. At a meeting of the Atlanta Academy of Medicine, in March, a case was reported by Dr. Calhoun, particulars of which are given in the May number of the Atlanta *Medical Journal*. In the latter case, on account of the patient's unwillingness and the general bad results of the operation, no interference with the entozoon had been attempted.

Death from Minute Dose of Strychnia.

A student of the laboratory of the Ecole de Pharmacie relates, in the *Union Méd.*, June 3, the fact that a cat belonging to the laboratory died in a few minutes after some convulsions, having eaten a small bird which had been employed in an experiment with strychnia. Still, Prof. Jeanjean had only deposited in the corner of the eye of the bird scarcely a milligram of the acetate of strychnia.

Jaborandi in Obstinate Hiccough.

Dr. Ortille, of Lille, communicates to the *Bull. de Thérapeutique*, May 30, the case of a woman, aged fifty-six, who came under his care for hiccough, which had lasted for seven months. The hiccough was almost continuous, at the rate of thirty or forty times a minute, and was accompanied by vomiting. Occasionally there were intervals of five or ten minutes. Various remedies had been tried in vain, and now a decoction of four grams of the leaves and stalks of jaborandi was prescribed in two doses, to be taken with an interval of a quarter of an hour. The usual sweating and transpiration were produced, as was some vomiting, and in two hours the hiccough had ceased.

Lister's Method in Country Practice.

In his Harveian oration, printed in the Edinburg *Medical Journal*, Dr. H. S. Anderson observes:—

I fear that the chances of success of antiseptic surgery are so small in country practice, that it is apt to be valueless; for I am persuaded that if the system cannot be carried out in the perfect and thorough manner practiced by Lister and others, we are better without it, and must adhere to the old plan of free exposure of the cut surface to the air till the oozing ceases, and then bringing the parts accurately together by stitching with a moderate amount of tension, and keeping the edges quite dry; this is by far the more likely way of getting union by the first intention.

The Rules for Sea Bathing.

The following precepts on this subject were composed by Dr. Dutroleau, on the model of those of the Academy of Salerno:—

"1. Avant le bain tu marcheras.
Pendant un bon petit moment.
2. Puis tu te déshabilleras,
Sans hâte, mais rapidement.
3. Dans l'eau tout de suite entreras,
Sans flâner au bord nullement.
4. Tout d'un coup tu t'y plongeras,
De la tête au pied carrément.
5. Dix minutes y resteras.
Toujours, toujours en mouvement.
6. Enfin, lorsque tu sortiras,
Tu te vêtiras chaudement."

—In the June number of the Edinburg *Medical Journal* Prof. Simpson reports a successful case of Battey's operation. The patient was 35 years of age and a sufferer from severe dysmenorrhœa.

Correspondence.

A Case of Extra-uterine Fœtation.

Ed. Med. and Surg. Reporter:—

On February 11th, 1879, at 10 A.M., I was asked by Dr. Weir, of Agency City, to visit a "singular case," which he (Dr. Weir) had the day before, for the first time, seen with Dr. La Force, of that town.

The case was said to be labor at the eighth month of gestation, with puerperal convulsions, and an inability to discover by touch any os uteri. The woman, Mrs. C., had had two children previously without any unusual trouble. Dr. La Force, the attendant physician, was out of town, and Dr. Weir was not acquainted with the previous history of the case.

I found her unconscious, unable to speak, restless and rolling about on the bed, evidently suffering severe pain; had not had a convulsion for several hours; had had several since 3 A.M. of the 10th, when, as was said, labor pains had commenced. Her husband had died a few weeks previously. Her sisters (who had been with her) were not present; so there was no one to give any history of the case. I found, on examination per vaginam, a large, firm, rounded mass in the upper portion of the vagina, feeling like some portion of soft parts of the body felt through the uterine walls; after a few moments a clouded vision by touch. There was high up, to the left, and above the tumor in the vagina, an os and cervix uteri, which I said then was about as large as a three months' pregnancy would occasion.

By an external examination of the abdomen, I discovered an irregular enlargement, a round, hard tumor, in the left iliac region, extending in a less rounded surface diagonally to the right hypochondriac region. I diagnosed an extra-uterine fœtation, advised morphia hypodermically, sufficient to quiet, and asked the privilege of a post-mortem soon after death.

She died on the morning of the 13th. I made a post-mortem at 4 P.M.; present, Drs. Weir, La Force and Ball, of Agency City; and Dr. A. O. Williams, of Ottumwa. We found a fœtus apparently very near full term, occupying the abdominal cavity, presenting the back toward the abdominal walls of the mother, the breech in the right hypochondriac region, arms and legs folded inwardly, the head in the left iliac, underneath the uterus, which was enlarged, so that it would weigh about eight ounces. The placenta was located low, and was the presenting part felt on examination by touch. The post-mortem proved in every particular my previously expressed opinion of the condition and position.

I have since learned that on the 12th, the day after my diagnosis was expressed, the woman became conscious, and recognized and talked with her sisters. Dr. La Force has informed me that during the preceding seven or eight months he had been frequently called to prevent threatened abortion and miscarriage, and to relieve acute abdominal pain, vomiting, nausea, etc., having been constant, and several times a discharge of water, like the rupture of membranes, which he supposed it was, but that he had never

made any vaginal examination but once, and then when she supposed herself three months pregnant.

Had the case been properly diagnosed a month earlier, would not abdominal section have been justifiable? S. B. Thrall, M.D.

Ottumwa, Iowa, May 11th, 1879.

Aphonia in Typhoid Fever.

Ed. Med. and Surg. Reporter:—

In three fatal cases of typhoid fever, all females, married, and mothers, each, of several children, I have observed a symptom which I do not recollect to have seen mentioned in books or clinical lectures.

The first was a woman, about thirty years of age, sick with a mild attack of the fever, who was noticed during the early morning of the sixth day to be completely aphonic, not able to utter the slightest whisper, and who died during the morning of the seventh day.

The second case was about twenty-five years of age, with a severe form of the fever. She became aphonic during the last of the second week, in the latter part of the night, and died in about thirty hours, during the morning.

The third case was about thirty years of age, who became aphonic during the early morning of the twenty-seventh day of her sickness, and died during the morning of the twenty-eighth day.

There had been no marked delirium in either case; deglutition during the aphonia, although impaired, was possible with fluids, in each case. Intelligence during the aphonia was fair in each, as evinced by the general expression of the face and eyes, and by the latter intelligently following the motions of persons in the room. The aphonia was sudden with each, neither appearing any worse than for a day or two before, and it came on during the early morning, and was followed by death the next morning. It was complete in each, not the slightest sound being possible from the lips of either. The decubitus was dorsal with each during the whole time of the aphonia, and from its onset till death, which was sudden; there were none of the usual evidences of dissolution.

If anything like the above is mentioned in books, I shall be glad to receive the reference.

Fairfield, Texas. J. J. Bonner, M.D.

The Diagnosis of Rectal Diseases.

Ed. Med. and Surg. Reporter:—

In July, 1876, a Mr. E., aged thirty, of nervous temperament, came into my office for some ointment for his piles. Upon questioning him, he said that they had troubled him for two years, sometimes only just slightly, then again so badly that he would have one or two epileptoid convulsions a week, then go some time without a convulsion. I also learned that he had been treated by three of our regular practitioners, with only varying success. So it occurred to me that I had better make an ocular examination, and see just what was the trouble. Imagine my surprise to find no pile, but a slight fissure of the rectum. I then introduced my finger into the rectum, to see if there were any internal piles. But I could find none. I told him that when he got cured of his fissure, I thought he would also get cured of his fits, as he called them, and such has been the case.

I ruptured the sphincter in the manner described by Dr. Rush, in the Reporter for June, 14th, 1879, page 526. The after treatment was simply tonics. It is now almost three years since the operation, and he has had no trouble from either his piles or his fits since.

I write this to show how important, in all diseases of the rectum, to make a careful ocular and digital examination. The gentlemen who had treated the case had taken his word that he had piles, instead of looking for themselves.

E. W. Hill, M.D.

Glens Falls, June 16th, 1879.

Local Treatment of Phimosis.

Ed. Med. and Surg. Reporter:—

In the February number of the year 1875 I reported to the Cincinnati *Lancet and Observer* (now *Lancet and Clinic*) a case of *Paraphimosis*, with conservatory treatment.

I now report in brief a statement of my local treatment of a case of *phimosis*, this case being a boy of about the same age (three years). The little prowler would run to meet his little sister when on her homeward way from school through a wet bottom, during the cold changes of March last, and on many other occasions would steal out from the dwelling house to play with his little brother and sister, which he seemed to do with impunity until March 16th. On this day I was passing a road near by when called to see him. I found the following symptoms present: Partial paralysis of the inferior extremities, his legs being drawn up to his abdomen, irritable temper, which was unusual with him, flushed face, had not voided urine for about twenty-four hours. My attention was called by his parent to his genital organ, where I found the prepuce contracted and so lengthened that its measure exceeded that of the penis. It was with much difficulty that we brought to view the meatus, and when seen it was of a dark brown, almost dark enough for melanosis; priapism of the organ was also observed, which continued until our application had been used for some hours, as we thought the priapism was an important factor. We made scissions through muslin cloths, so as to make a ring to surround the penis to its head: these cloths we dipped in the coldest of well water, and reapplied in quick succession, and when the morbid erection had been subdued by these cold local applications, I then used Dr. Josiah C. Nott's India rubber bag, stop cork and nozzle (to be used with his double catheter), by gathering up the foreskin and holding it in juxtaposition to the glans penis, pointing at above the meatus (and confining the water with which it had been charged), to the mucous surfaces of the prepuce and penis by forming a ring with my thumb and finger around the elongated prepuce, pressing it close to the nozzle while I injected the warm water

with the other hand, until I completely dilated the foreskin and washed away the irritating secretions, upon the withdrawal of the nozzle. Conjointly with the local treatment I gave, in frequent and large doses, the fluid extract hydrangea, as a lithotriptic and cathartic, from the beginning of the treatment. The boy was playing the next day. L. A. DAVIDSON, M.D.

West Milford, West Virginia.

NEWS AND MISCELLANY.

Sixth International Medical Congress.

The sixth congress is to be held at Amsterdam, from September 7th to 13th, inclusive. Prof. Donders is the President of the Committee of Organization, and Dr. Guye, of Amsterdam (to whom all communications respecting the Congress are to be addressed), is the Secretary. The French language is to be employed at the general meetings of the Congress, and either French or German at the meetings of sections; but members will be allowed to use other languages, and their addresses may then be translated into French.

Officers of the Ohio State Medical Society.

The following officers were elected at the annual meeting at Dayton, June 7th:—

President—Dr. J. A. Murphy, Cincinnati.

Vice Presidents—Dr. John Davis, Dayton; Dr. Thomas McEbright, Akron; Dr. J. D. Edwards, Xenia; Dr. C. A. Kirkley, Toledo.

Treasurer and Librarian—Dr. T. W. Jones, of Columbus.

Secretary—Dr. J. F. Baldwin, of Columbus.

Assistant Secretary—Jesse Snodgrass, Dayton.

The meeting was well attended, and in all respects a satisfactory one.

Quinine on the Free List.

The following is the full text of the "McKenzie quinine bill," which passed the Senate and became a law on the first of July:—

"A bill to put salts of quinine and sulphate of quinine on the free list. Be it enacted, etc., That from and after the passage of this act the importation of salts of quinine and sulphate of quinine shall be exempt from customs duties, and all laws inconsistent herewith are hereby repealed."

The manufacturers of this city, Powers & Weightman, and Rosengarten & Sons, are said, in the daily papers, to be preparing to close their quinine departments, as the duty on East Indian cinchona bark, which is ten per cent., and the heavy Government tax on alcohol, render it impossible for them to compete with foreign manufacturers of the article. In this event the American profession and their patients will be at the mercy of the French and English quinine makers, and of the drug brokers of New York and London. We shall be surprised if there is not a clamor before long, either to have the duty restored on quinine, or else to have the cinchona bark and the alcohol used in extracting its alkaloid rendered free.

Native Chinese Medicine.

Dr. Keating, of this city, who accompanied General Grant during his Chinese tour, in a conversation on Chinese hospitals remarked:—

"On numbers of the patients I observed little blue spots, and I thought I was about to learn of some peculiar disease. Upon inquiry, however, I found that they were caused by the Chinese mode of treating internal inflammation. The poor follows who bore the blue marks had been treated for sore throat, by having the skin of their necks taken by the physician between thumb and forefinger and screwed around."

This reminds us that several years ago, Dr. Jameson, of Shanghai, when writing on the subject of obstetric medicine among the Chinese, published some statistics to prove that in a Chinese woman the physiological processes of utero-gestation and parturition are so closely surrounded by the dangers arising from no-management and mismanagement that pregnancy becomes a pathological condition but one-half less formidable than typhus fever, in England.

New Pharmaceuticals.

WARNER'S PILL. QUINIÆ SULPH., SUGAR-COATED.

Messrs. Wm. R. Warner & Co., of this city, are justly celebrated for the uniformity and excellence of their sugar-coated pills. We have recently been trying their quinine pills thus prepared, and they are certainly as easy to swallow, as efficient and as neatly prepared, as any we have ever seen. None but the purest sulphate is used.

W. H. SCHIEFFELIN & CO.'S SOLUBLE PILLS.

Among the pharmaceutical preparations of the day the "soluble-coated pills and granules" of W. H. Schieffelin & Co., of New York City, deserve a high position. The coating is an inert soluble compound, dissolving upon the tongue in all cases within thirty seconds, entirely tasteless, perfectly transparent and colorless, thus disclosing to the eye the exact color and appearance of the pill-masses. We have examined a number of varieties and can recommend them.

JAMES HORLICK'S PREPARATIONS.

Horlick's "Food for Infants" and "Granular Sugar of Malt," are two productions of the laboratory which will recommend themselves, wherever they are once introduced. The Food is very palatable, perfectly soluble, and not farinaceous; the Sugar of Malt has a delicious flavor, and is eminently suited for the dietetics of the sick room and nursery.

Personal.

—Dr. A. A. Smith has been appointed Professor of Materia Medica in Bellevue Hospital Medical College, N. Y., in place of Dr. Polk, resigned; and Dr. Joseph W. Howe has been appointed Professor of Clinical Surgery in the same school.

Alexis St. Martin.

From a recent letter to Dr. B. V. Hoagland, of West Union Ohio, we learn that Alexis St. Martin, famous in physiological works for the experiments of Dr. Beaumont Martin, is still alive, and at present a resident of St. Thomas, Joliette county, Province of Quebec, Canada, and is seventy-eight years old. The wound in his stomach has never closed, and at present the opening in his side is nearly an inch in diameter. His general health appears not to have been in any way affected by the curious wound in his side, but has always been excellent. For his age he is now quite strong and hearty. He has been the father of twenty or more children, of whom four are now living. Has always been a hard worker, and never suffered from lack of digestion.

Items.

—It is rumored that Dr. B. W. Richardson has been offered £5000 for a lecturing tour in the United States.

—The Michigan *Medical News* writes in despair as to introducing the metric system to the present generation of physicians.

—The Russian Society of Hygiene propose to print school books in white letters on a black ground, in order to check the increase of myopia in scholars.

—The Baltimore Academy of Medicine has offered $100 for the best essay on a medical subject, to be written by a physician residing in the State of Maryland. For particulars, address Dr. B. B. Browne, 304 Madison Av., Baltimore.

—The danger of transmitting disease by books has been investigated by the Chicago Public Library directors. They have corresponded with physicians and librarians in various parts of the country, but not one has ever known of a case of contagious disease having been imparted by a book from a circulating library.

OBITUARY NOTICES.

—Samuel Dellenbaugh, M.D., one of Buffalo's most highly respected citizens, died suddenly lately. He was seventy-three years old.

—The well-known London Dermatologist, Dr. Tilbury Fox, died last month, at the early age of 43 years. He was a hard worker and fertile writer, best known in this country for his "Epitome of Skin Diseases" and "Atlas of Skin Diseases." His death was from aortic disease, supposed to be consequent on rheumatic fever, acquired in a journey in the East in 1864.

—Early in June Prof. Piorry, of Paris, died, at the advanced age of eighty-five. His professional and literary career has indeed been an active one during the last half century, and until a month or two of his death he was one of the most assiduous members of the Academy of Medicine, taking part in some of its debates recently with all his pristine vigor. He was formerly Professor of Internal Pathology, and then of Clinical Medicine, and his communications to journals and learned societies have been very numerous. Among his works are his well-known "System of Medicine," containing his original and fanciful nomenclature of diseases, and his celebrated "Traité de la Percussion Médiate, ou du Plessimetrisme."

QUERIES AND REPLIES.

To E. S., of Florida.—I have never adapted the method of treatment spoken of in my last two articles to either prostatorrhœa or spermatorrhœa. I should hardly think the current would be strong enough. But have seen good results from the use of the galvanic current from a battery in the treatment of the above-mentioned diseases. Should be used by sittings of from one-half to one hour twice a day.

O. E. Herrick, M.D.

Dr. B. F., of Cal.—The physician who was sent by your friend to see your wife, should, of course, have his traveling expenses paid by you, although he did come too late. You are the person obliged.

Dr. H. V. R., of Ga.—You will find a brief description of the uses of compressed and rarefied air, with numerous references to other authors, in Cohen's volume on "Inhalation."

Dr. J. K., of Missouri.—As other remedies in your case of urticaria have failed, we may mention that Dr. A. M. Lyles (*American Practitioner*, May, 1871) has found that ten drops of nitro-muriatic acid in a wineglassful of water, one hour before eating, is an almost unfailing remedy for urticaria.

Linum.—Quite a number of cases have been reported from time to time, where linseed poultices have brought about inflammations of the skin, and, apparently by metastasis, swelling and congestion of the mucous membranes.

MARRIAGES.

BABCOCK—WESTON.—At Montclair, N. J., on Thursday, June 12th, at 12 o'clock, by the Rev A. H. Bradford, Robert H. Babcock, M.D., of Kalamazoo, Mich., and Lizzie Clinton, daughter of the late M. L. Weston.

BECKER—WATSON.—In New York city, on Tuesday, June 17th, at the residence of the bride's brother, Henry Shelton, Esq., by the Rev. Leo Luquer, George Ferdinand Becker, of Berkeley, Cal., and Alice Theodora, daughter of Dr. A. T. Watson, of Dresden, Saxony.

BROWN—GARCELON.—At Wayne, Me., June 1st, by Rev. S. Hooper, Charles W. Brown, M.D., of Dexter, Me., and Miss Alice Garcelon, daughter of Esquire Garcelon, of Livermore Falls, Me.

BRUNER—GIBBONEY.—In Duncansville, Blair county Pa., June 19th, by Rev. William J. Gibson, D.D., William S. Bruner, M.D., and Clarinda L. Gibboney.

CHEESEMAN—PEALE.—In Cincinnati, O., at the residence of the bride's mother, 416 Court street, June 3d, by Rev. A. M. Worcester, Dr. John C. Cheeseman, of Kelley's Station, Pa., and Miss Sallie A. Peale.

DICKINSON—WALTON.—On June 19th, by Rev. W. C. Alexander, Dr. J. T. Dickinson, of Parkesburg, and Joen B. Walton, of Cochranville, Pa.

FISHER—SHOTT.—In this city, June 19th, at their residence, 1043 Fairmount avenue, by F. L. Magoon, D.D., J. F. Fisher, M.D., and M. Jennie Shott, both of Philadelphia.

DEATHS.

MARTIN.—At his residence in Xenia, Ohio, on the 21st ult., Dr. Samuel Martin, in the 83d year of his age.

THE

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Original Department.

Lectures on Experimental Physiology.

Delivered in the Physiological Laboratory of the University of Pennsylvania,

BY ROBERT MEADE SMITH, M.D.,

Demonstrator of Experimental Physiology.

(Reported for the Medical and Surgical Reporter.)

Lecture VI.—Pancreatic Digestion.

(*Continued from Vol.* XL. *page* 512).

Passing over the secretion of Brunner's glands, concerning the functions of which there is little known, we have to-day to study the secretion of the pancreas. The pancreatic fluid is poured into the small intestine immediately after the entrance of the bile, or in some instances simultaneously with it and the secretion of Brunner's glands. While the pancreas is one of the most constant of all the glands, existing in all mammals, in birds, reptiles, and in most fish and insects, its anatomical form is subject to great variation in different animals; it will be only necessary for our present purpose, however, to describe the arrangement in those animals which are ordinarily suitable for operation, for I need hardly tell you that here, as in the study of the other digestive fluids, we make use of fistulæ for the purpose of collecting this juice. In the dog, the animal almost invariably selected for this operation, the pancreas is found in the same situation as in mammals, birds and reptiles, viz., in the concavity of the constantly present curvature of the duodenum. In the dog, as in other mammals in which the duodenal mesentery is short or absent, this gland is compact, elongated and bi-lobed, one portion extending horizontally, toward the spleen, with the other portion descending at a right angle parallel to the duodenum. At the angle the pancreas is closely adherent to the duodenum, and even overlaps it, being connected by a multitude of small blood vessels, while the descending portion lies free in the abdominal cavity. There are in the dog, as in most mammals, two pancreatic ducts, the upper and smaller one opening into the duodenum in the same papilla as the biliary duct, while the larger and principal duct opens into the duodenum about two centimeters lower down. These ducts communicate by frequent anastomoses, but it is the lower one alone which is invariably selected in the operation. In those animals in which the duodenum has a wide mesentery, as in the rodents, the pancreas forms an arborescent mass between the two layers of the mesentery. This is the plan of arrangement in the rabbit, and also in the cat. In the rabbit the pancreas has two ducts, but the upper one, which enters the duodenum with the biliary duct, is very small, while the lower one is very long and enters the intestine about 30-40 centimeters below the pylorus, thus offering an arrangement suitable for operation. In the cat the arrangement of these ducts is so irregular as to baffle all description; in most cases there are many of them, and sometimes, as occurs quite constantly in the seal, the principal duct dilates into a sort of reservoir before entering the intestine.

Pancreatic fistulæ may be either temporary or permanent, but as the method of operating in each is not identical, I will describe them separately.

For the making of a temporary fistula, a large dog, preferably a sheep dog, is to be selected, as one which will offer the greatest probability of

escaping peritonitis, a result which would be disastrous to the success of the operation, since the pancreas is extremely susceptible to inflammation, and as a consequence the secretion becomes perverted and its properties cannot be rationally studied.

The operation is itself quite a difficult one, principally from the difficulty of finding the duct without injuring the gland or its numerous blood vessels, and requires a perfect acquaintance with the anatomy of this region and a considerable amount of operative skill. I would, therefore, advise any of you who wish to perform this operation to dissect the parts first on a dead animal. To be thoroughly successful the operation should be performed as rapidly as possible, so as to avoid exposing the parts any longer than necessary, while the pancreas itself should be handled with the greatest gentleness; and should be performed without an anæsthetic, so as to avoid subsequent vomiting and possible vitiation of the secretion.

The object of this course, however, is not only to demonstrate to you physiological facts, but also to teach you to operate for yourselves, so I will, therefore, perform this operation before you, on an anæsthetized animal, and so slowly as to permit each of you following every step of the operation, though the success of the operation, as regards the character of the secretion, will be probably thereby interfered with.

Two hours ago this dog received a hearty meal of bread and meat, and now that he is etherized and fastened on his left side, the belly being shaved, I will make an incision in the right hypochondrium, extending downward from the end of the last false rib, about five centimeters, and parallel with the linea alba, every bleeding point being tied before the abdomen is opened, and the peritoneum divided on a director.

Passing the index and middle finger of my left hand into the wound, the duodenum is easily recognized; the fingers are then carried well down into the right hypochondrium, to the right and then back of the convex surface of the arch of the duodenum, and then, keeping their palmar surface directed upward, the fingers are carried behind the duodenum and pancreas, which are then both to be drawn together out of the wound. The animal being in full digestion, the tissue of this organ is of a rosy pink coloration. By this manipulation the parts preserve their normal relation and the anterior surface of the pancreas presents in the wound. The next step, and perhaps the most difficult, is the finding of the duct, a proceeding rendered difficult, not only by the extreme shortness of the duct, but by its being surrounded by numerous blood vessels which bleed very easily, and which bridge over the furrow between the duodenum and overlapping edge of the pancreas. By keeping the anterior surface directed forward, this difficulty is reduced to a minimum, since here the duct is nearer the surface, and is only surrounded by a few small vessels, while on the posterior surface the vessels are very large, and it is just back of this lower large bundle of vessels that the duct enters the intestine. Now, on carefully pushing aside with a blunt hook the overlapping edge of the pancreas at the lower border of the angle formed by the transverse and vertical portions of this gland, and about two centimeters below the ductus choledochus, the larger pancreatic duct is seen, and may be distinguished from the blood vessels by its larger size and whiter color. I will now pass a thread around the duct, open it with a pair of fine scissors, and insert a small silver cannula, about five mm. in diameter, and about ten cm. long, pushing it in up to the first division of the duct. I will now tie it securely in by the thread which I passed around the duct, and to make it still more firm I will pass a stitch through the serous coat of the intestinal wall, and fasten the cannula there also.

The duodenum and pancreas are then returned to the abdominal cavity, retaining the ends of the thread and the free end of the cannula in the wound, which is then closed by sutures, first sewing together the muscles and then the skin. Now, upon withdrawing the stylet from the cannula, a few drops of a colorless, limpid fluid escape, which flow more rapidly when the animal makes any movement, and which is strongly alkaline. I will now fasten a rubber bulb, furnished with a stop cock, to the cannula, to collect the juice. I will first compress the bulb, so as to empty it of air, and then, on closing the stop cock, the tendency of the bulb to expand draws the fluid out from the ducts. Generally the fluid is secreted quite rapidly and may be collected for several hours; after the first day, however, the character of the secretion alters, and is no longer normal and suitable for study. If it does not flow rapidly it may be stimulated by injecting ether through a tube into the stomach: vomiting stops the secretion. Usually after the second day the tube and threads drop out, or else they may be gently removed, and the wound generally heals readily, and as the duct becomes restored, the same animal may again be used for the same purpose.

One difficulty we have to contend with in this operation is, that since the duct is so short the canula is very apt to slip out; this may be partially remedied by having a canula made with a little bulb on the end to be inserted, or a T-shaped canula may be used, the duodenal end of which must, of course, be closed. If such a canula is used, it is better to have one made in two sections, one being first inserted in the duct and the other, which is to come out of the wound, screwed in afterward.

The method of operation which you have just seen me employ is essentially that first devised by Bernard, and he always held that permanent pancreatic fistulæ were unreliable. By a somewhat different method of operating, however, Ludwig and Bernstein have succeeded in establishing permanent pancreatic fistulæ, which yield a comparatively normal secretion, though even here it differs somewhat from the fluid obtained by temporary fistulæ. I have here a dog in which ten days ago I established a permanent fistula after Ludwig and Bernstein's method. I selected a small dog for this operation, as in them the pancreas is nearer the middle line than in large dogs, and hence the parts are not as much disturbed by the fistula. The dog having been kept fasting for twenty-four hours, so that the pancreatic vessels should contain as little blood as possible, after narcotizing him by a subcutaneous injection of morphia, I opened the abdomen by an incision about two centimeters long, made in the linea alba and midway between the xiphoid cartilage and the umbilicus. The duodenum and pancreas were then drawn out of the wound, and the pancreatic duct isolated and opened by a little cut in one side. Instead, then, of inserting a canula, two pieces of lead wire, bent at a right angle, were introduced, one wire being passed toward the gland, and the other into the intestines; the remaining halves of each wire were then twisted together so as to form a T-shaped piece, the middle limb of which projects through the wound. Owing to this shape of the wires they cannot fall out and cannot move around in the duct, and since wire was selected which would not fill up the calibre of the duct, the flow of the secretion into the intestine is not interfered with. After the insertion of the wire I passed three stitches through the wall of the intestine near the duct, and then returned the duodenum and gland to the abdominal cavity, taking care to keep the ends of the wires and threads in the wound. The threads were then used as sutures to close the wound, and at the same time to keep the duodenum in apposition with the abdominal walls. The next day, when inflammatory adhesion had probably taken place, the stitches were taken out, but the wire left in, and in three or four days more the juice was collected and examined. You see that the wound has now almost entirely healed, with the exception of a little fistulous tract at the sides of the twisted wires, from which the juice is exuding. The fistula might be preserved even after removal of the wires, but would require the daily passage of a fine elastic probe.

I will now collect some pancreatic fluid from this fistula. I have here a wooden support, consisting of four upright bars, joined at the top by transverse pieces from which a horizontal bar is suspended by a cord and pulleys. I will fasten the dog to this horizontal bar by two straps, which pass under his belly, and then raise the horizontal support until the dog can barely touch the table with his toes. Thus suspended, he remains perfectly motionless, and by fastening a small funnel over the fistula, the juice may be collected in a glass below.

We are now prepared to examine the physical properties and composition of the pancreatic juice, and for that purpose I will make use of a fluid which I have been collecting for the last few hours from a recent temporary fistula. Three hours and a half ago I made a temporary pancreatic fistula on a large dog, which was in full digestion, and without employing any anæsthetic. The operation from first to last only occupied seven minutes, and nothing occurred which could interfere with the normal character of the secretion. I will now open the stop cock, and on compressing the bulb I am able to collect 20 cc. of fluid. It is a clear, colorless, viscid liquid, of a strongly alkaline reaction; morphologically it contains few or no structural elements, though corpuscles similar to those found in saliva have been claimed by Kühne to exist, and occasionally free particles of oil. Chemically its composition is complex, and not yet thoroughly established; it differs from the other digestive fluids in containing an exceptionally large amount of proteid, varying, however, with the rate of secretion, the increase of solids not bearing a proportionate increase to that of the fluid elements. The amount of solids also varies in the fluid obtained from temporary and permanent fistulæ, in the former being from 8–10 per cent. (Bernard), and in the latter 2–5 per cent. (Bernstein). Fresh normal pancreatic juice contains albumen, alkali-albuminate (casein), a small amount of fats and soaps, a large amount of sodium carbonate, to which the alkaline reaction is due, and pancre-

atine, which is probably capable of resolution into three ferments. Pancreatic juice is also stated to contain peptones, leucin and tyrosin, but it seems probable that these elements are not found in perfectly fresh juice, with the exception, may be, of a trace of leucin, but are formed through the digestion of the albumen in the pancreatic juice by one of its own ferments. I can show you the presence of some of these elements: the limited quantity of juice, however, will necessitate my employing very small quantities. On surrounding a small quantity with a freezing mixture, and cooling it down to 0° C., the fresh juice becomes gelatinous, again becoming fluid when warmed, and when exposed to a higher temperature it becomes entirely solid, like the coagulated white of an egg. A similar effect is produced upon the addition of the mineral acids, alcohol and an excess of magnesium sulphate, an effect not capable of production with ordinary albumen. The coagulum produced by alcohol is capable of resolution in water, and the coagulum of heat and acids is soluble in alkalies. When the coagulum of the albumen produced by heating fresh juice up to 72° C. is allowed to separate, the alkali-albuminate may be precipitated by acetic acid. The juice from the permanent fistula is more fluid, less coagulable by heat, contains a less amount of solids, and does not gelatinize in cooling.

While studying gastric digestion we saw that all its phenomena could be most conveniently studied with an artificial fluid; the same conditions prevail in the study of the subject now under our consideration.

Artificial pancreatic juice can be made by three different processes, and I here show you examples of each.

This specimen was obtained by mincing the fresh pancreas of a dog killed in full digestion, washing it to remove the blood, and then infusing it for two hours in four times its weight of water warmed to 25° C., taking care to keep the mixture at that temperature during the whole time of infusion. It was then filtered first through muslin and then paper, and since the filtrate was acid, from the development of fatty acids through the action of the ferments on the fats of the pancreas, it was neutralized with sodium carbonate. The filtrate is, as you see, slightly opalescent, from the presence of a small amount of fat in the form of an emulsion. This preparation has all the properties of pancreatic juice; the degree of its digestive action for proteids, however, will be dependent upon the nutritive state of the pancreas from which it was made. It contains all the elements of pancreatic juice. I will boil a portion, and there is quite a dense precipitate of albumen, and in filtering off this coagulum and neutralizing the filtrate with acetic acid, there is a deposit of alkali-albuminate. It also contains leucine and tyrosine.

This second specimen of artificial juice was made by first laying a minced pancreas, for two days, in absolute alcohol, which was then expressed off, and a glycerine pancreatic extract made in the usual manner and filtered. This preparation contains a considerable amount of the amylolytic ferment, but the quantity of the proteolytic ferment, as in the first, depends upon the condition of the gland.

The third preparation was made by mincing a fresh pancreas and rubbing it up in a mortar with powdered glass. For each gram of gland substance 1 cc. of 1 per cent. acetic acid was then added, and mixed thoroughly in the mortar for ten minutes, and then ten times its volume of glycerine was added, and the whole allowed to stand for three days. This preparation contains a much larger proportion of the proteolytic ferment than was obtained in either of the other processes, since the acetic acid has converted into ferment the zymogen or substance yielding the proteolytic ferment.

With these artificial fluids let us now examine the process and results of pancreatic digestion.

The most prominent and well-known fact in this connection is the power which the pancreatic juice possesses of forming a remarkably stable emulsion with fats. I will shake up two parts of the aqueous infusion with one part of olive oil, and a thick creamy emulsion is formed, which will stand for a long time; or upon adding two parts of the same infusion to one part of fresh lard melted over a water bath, and rubbing them gently together, we obtain an emulsion which will be permanent, even in the cold.

This emulsifying property is due to the alkali-albuminate of the pancreatic juice, for upon adding liquor potassæ to the first mixture, so as to dissolve the albumen, the particles of oil are set free and again run together. For the same reason the glycerine extracts will not form an emulsion with oil, on account of the absence of alkali-albuminate.

In addition to its emulsifying power over fats, pancreatic juice rapidly converts starch into glucose. I have here two test tubes, one containing starch mucilage, the other raw starch paste. To each I will add equal quantities of the aqueous pancreatic infusion, and after placing them for a minute or two in the water bath at 40° C.,

Fehling's test shows in both the presence of a large amount of sugar. We see here at once a difference between the saccharifying power of saliva and pancreatic juice; the former did not act, or, at least, for a very long time, on raw starch. This difference of action is only one of degree, however, and not of kind; both change starch into sugar through the presence of a ferment, and in both instances this ferment is destroyed by boiling; in fact, all that I told you in reference to this property, as instanced in the case of the saliva, might be repeated here, with the one modification as to the very much stronger amylolytic power possessed by the pancreas. In the case of the pancreas, at least, this saccharifying property is due to the presence of a ferment which is formed in the gland tissue by the transformation of some previously existing material, since it has been found that if the ferment is completely extracted from a fresh gland by glycerine, and the inactive residue be allowed to remain on the filter for five or six hours, exposed to the air, a further production of ferment occurs, and this new formation may be again extracted by water or glycerine. That this result is really due to a new formation of ferment, and not to the occurrence of decomposition, is proved by the fact that if the watery extract of a pancreas is once deprived of its action on starch by boiling, this power never returns in any stage of the subsequent decomposition.

We saw in our study of gastric digestion that the reaction of pepsine with fibrine and a dilute acid might serve as a means of recognizing the locality of gastric digestion in the lower animals, and Bernard has shown that the pancreas may always be recognized by its power of decomposing fats and forming fatty acids and glycerine. The entire process as proposed by Bernard is too lengthy to permit of my showing you all the necessary manipulations. I can, however, show you the fundamental facts, but for details will have to refer you to Bernard's original memoir. In the first place, you remember I showed you that the aqueous pancreatic infusion contains more or less fat, and if kept for a few hours at 40° C., without any addition, a strong acid reaction is developed from decomposition of the fat. I have here a specimen of pancreatic infusion, which about two hours ago I neutralized with sodium carbonate, and then added to it a little neutral olive oil, and then placed the tube in the bath at 40° C. I will now draw up with a pipette a little of this mixture from the bottom of the tube, and on placing it on a piece of blue litmus, a decided red is developed.

We have now to consider the digestion of proteids by the pancreatic juice, the most complex as well as the most important of its properties. This action is similar to that of gastric juice in so far as they both are due to the presence of a ferment which is destroyed by heat, and that they both convert proteids into peptones; there are, however, many points of contrast.

In the first place, we saw that gastric digestion required the presence of a dilute acid; in pancreatic digestion we will find that a 1 per cent. solution of sodium carbonate is as essential as was the .2 per cent. HCl. in gastric digestion.

I have here a test tube in which I have been digesting for two hours, at 40° C., several fragments of thoroughly boiled fibrine in an artificial pancreatic juice, made by adding a few drops of the glycerine-acetic acid extract to a 1 per cent. solution of sodium carbonate, and you see again a marked contrast between this result and what occurred under similar circumstances with gastric juice. At first sight it would appear that the fibrine was entirely unaltered, but on stirring it with a glass rod it is easily torn, and many of the smaller fragments dissolve, and on removing some of the larger pieces, and washing them with water, they are seen to be corroded and as opaque as before, and not swollen and transparent, as would occur in an analogous stage of gastric digestion. Besides these superficial changes, however, the attributes of the fibrine have been very considerably modified. You remember that this fibrine was boiled, and that boiled fibrine is not soluble in dilute acid. I will place a few fragments of this boiled fibrine in a .2 per cent. solution of hydrochloric acid, and it very rapidly dissolves, forming a solution of syntonin, which I can precipitate upon neutralization. Here is, then, one of the distinctive features of pancreatic digestion. Before being dissolved, boiled fibrine is rendered more soluble in dilute acids than even raw fibrine, which you know will not dissolve for many hours.

There is another remarkable fact about this stage of the pancreatic digestion of boiled fibrine: the fibrine becomes soluble in a 10 per cent. solution of sodium chloride. I will rub up another fragment with a 10 per cent. salt solution in a mortar, and when it dissolves filter. Now, to one portion of this filtrate I will add nitric acid, and another I will boil; in both there is a precipitate.

Having thus seen that the first step in the pancreatic digestion of boiled fibrine is to change it to a soluble albuminous substance somewhat resembling raw fibrine, let us now examine the subsequent stage in the process. I will boil a

portion of this artificial juice in which the fibrine has been dissolved, and there is a precipitate formed. I will neutralize another portion with acetic acid, and I again obtain a deposit. This is again a difference from gastric digestion, for although the alkali-albuminate precipitated upon neutralization is analogous to the parapeptone, the albumen coagulable by heat is entirely unrepresented in any known product of gastric digestion.

To examine the further stage of this digestion I will make use of another specimen of pancreatic juice entirely similar to the first, with the one exception, that the fibrine was subjected for five hours to the action of the juice instead of two. I first neutralized it with acetic acid, and then boiled and filtered it, to remove whatever albumen still remained undigested. It was then evaporated at 65° C., to about one-third its bulk, and an excess of absolute alcohol was added while still hot, and after standing for twenty-four hours the precipitate which had formed was collected on a filter. Now, on dissolving this precipitate in water and applying the usual tests, we recognize the presence of peptones entirely similar to those produced in gastric digestion, with the doubtful exception as to their being precipitable by acid. The amount of peptones, however, obtained in this instance, falls far short of the amount of fibrine which had been digested, and the longer the pancreatic digestion is continued, the greater this apparent loss. This loss, however, appears to be counterbalanced by the appearance of two crystalline principles, leucin and tyrosin, which apparently result from the breaking up of the proteid substance which may be undergoing digestion.

After filtering off the peptones, I evaporated the alcoholic filtrate to a small bulk, and allowing it to cool, I obtained these crystals of tyrosin, in white acicular tufts, and on pouring off the mother liquor leucin crystallizes out in white shining scales. The mother liquor also contains naphthilamine and indol, bodies formed in the last stages of pancreatic digestion.

The presence of naphthilamine is shown by adding gradually to the mother liquor, diluted with water, a little chlorine water, when a rose-red color is developed. Indol, to which apparently the peculiar odor of fæces is due, is recognized by its forming a red color with dilute nitrous acid. As a very dilute acid is required for this reaction, it is most conveniently obtained by boiling a little glucose in a test tube with nitric acid, and when the tube is filled with red fumes, pouring out the acid and filling the tube with water. On now boiling this solution with a little dilute mother liquor, the characteristic red is developed. There is some doubt, however, as to whether indol is properly a result of pancreatic digestion, or is due to decomposition, as it has been claimed that when pancreatic digestion is carried on in the presence of salicylic acid no indol is formed.

Attempting now to explain the phenomena of pancreatic digestion, we must adopt, with Kühne, the view that native albumen or fibrine can be split up into two elements, which he terms respectively an anti-residue and a hemi-residue. When subjected to either peptic or tryptic (the proteolytic ferment of the pancreas) digestion, albumen, or other proteid, is split up into an anti-peptone and a hemi-peptone, the former being incapable of further digestion by either ferment, while the latter is capable of the further resolution under the action of trypsin into leucin, tyrosin, etc. In both instances, before the stage of peptone is reached, there is an introductory stage corresponding to the formation of syntonin, which, however, is termed respectively hemi and anti-albumose. The anti-albumose is apparently identical with syntonin, and is convertible only into anti-peptone, while hemi-albumose seems more closely to coincide with Meissner's a-peptone, and resembles myosin in that it is soluble in a 10 per cent. sodium chloride solution. Hemi-albumose is convertible into hemi-peptone, and under the action of trypsin, into leucin, tyrosin, etc.

Applying these views to the decomposition of proteids by acids, dilute hydrochloric acid at 40° C., gives rise, on the side of the hemi group, to hemi-albumose, and so to hemi-peptone, and by the action of sulphuric acid at 100° C., the hemi-peptone is further reduced to leucin and tyrosin. On the side of the anti group these agents, as well as an imperfectly acting ferment, give rise to what Kühne terms anti-albumate, which is evidently the parapeptone of Meissner, and is incapable of any further change under the action of pepsin, but under trypsin becomes anti-peptone (Foster).

—Official reports, made under a law which came into force in May, indicate that the adulteration of articles of food and drink is carried on to an alarming extent in Germany. In Berlin, 700 specimens of sausages were examined, and all were found to be bad. Chocolate, wine, milk, beer, brandy and soda water, in more than half the cases examined, were found impure and adulterated.

COMMUNICATIONS.

CLINICAL STUDIES OF INEBRIETY—SOME OBSCURE SYMPTOMS.

BY T. D. CROTHERS, M.D.,
Superintendent of Walnut Hill Asylum, Hartford, Ct.

The early symptomatology of inebriety has never been studied. Patients are rarely ever seen by physicians until they become chronic, and then only for temporary relief of some acute stage or condition.

They seldom go to an inebriate asylum until every other means has been tried and failed, and the clinical study of such cases is always difficult, requiring time and patience. Of the early history of such cases the patient's memory is often very clear, and more reliable than at later periods, and to those accustomed to study these cases, having once determined some prominent early symptom, the others can be readily traced. Although we are not able in our present knowledge to follow out all the stages of these cases from day to day, yet the marked similarity of the principal symptoms is conclusive evidence that we are dealing with a disease which follows a regular course, governed by causes and conditions which will be understood with a larger knowledge of the subject.

All our clinical studies fail to support the theories of vice and disease, and distinctions of responsibilities, etc., which are so confidently put forth by many who assume to know, without special study of individual cases.

In some previous articles on this subject in the REPORTER we have stated that inebriety was always preceded by certain conditions and symptoms which might be recognized by practical observers.

We now propose to group some of the most significant of these early symptoms, and indicate their pathological bearing, with a view to direct the attention of physicians to further studies in this direction.

These cases are selected because of the comparative accuracy of the early history, as noted by friends and the patients themselves.

Case 1.—Inebriety Preceded by Delusions of Food and Drink, and General Eccentricity.

O. B. had a drunken grandfather on his mother's side. Both parents were strong, healthy people. His mother was a very pious, conscientious woman, and died of some affection of the heart, at 45 years of age. His father died at 56, of pneumonia. All his brothers and sisters were healthy. After graduating from college, when 21 years of age, he became deeply religious, and commenced to keep a minute diary of his thoughts and feelings. From this record we are able to draw many of the following facts:—

At this time he was healthy and perfectly temperate in all his habits, and a man of good average ability, with much general culture.

After completing his theological course, he was installed over a large village congregation. About this time appeared what I shall term dietetic delusions. He considered that solid foods were injurious, and began to live almost altogether on soups and milk. A year later he changed this for a diet of solids, using all kinds of food, except meats, and drinking freely of water at all times.

He then conceived the idea that the care of the body was the highest religious duty of man, and both acted and preached this doctrine. He would change his dress several times a day, to suit the changing temperature, and gave the greatest attention to all that he ate and drank.

St. Paul's ideal of "keeping his body under and bringing it into subjection" seemed to be the ambition of his life. He expressed great fear that the animal part of his body would gain the ascendancy, and thus avoided all conversations and readings of crime and disaster. All his leisure was spent in exercising, bathing and contemplations of spiritual themes. During this time he preached against intemperance and the abuse of the body, with much vigor and earnestness. Then he became interested in the physiology of food, and planned out an elaborate system of diet and weighing of foods, which was used every day. His diary during this time is a curious medley of reflections on this subject and plans to build up the body and develop the spiritual condition.

In the meantime he married and became a professor in a college; all his delusions continued, although changing in both the object and system to be pursued. He was evidently at this time neurasthenic, and complained of nervousness and exhaustion; also was easily agitated and extremely sensitive to the changes of weather. Had a great dread of society and excitement, and was treated by a physician for anæmia and muscular rheumatism.

He imagined that he was suffering from Bright's disease of the kidneys, and increased his care of both food and drink. In appearance he was the picture of health, and mentally was quite active, writing and teaching with all his usual vigor.

His wife died suddenly, and the loss seemed to

rouse him to greater exertions and efforts to care for himself. He published a book on food and drink, full of extreme views, for the purpose of proving that the origin of all disease and vice came from the quality and quantity of food.

After a six months' tour in Europe he returned a wine drinker, with all his old notions exploded. At first he drank secretly, then openly, giving no reason for this change. He complained of dyspepsia and heart disease, and resigned his professorship. A few months later he accepted a situation as a clerk, and from this time went steadily down to a confirmed inebriate; using brandy nearly every day, to intoxication. Muscular tremblings and anaemia, with general congestion, were present. The only delusion present was fear of sudden death from spontaneous combustion. His religious habits were kept up, but the care of his body and the food were neglected.

He continued to write, in a sad, dreary way, of the conflicts of the animal part of his nature, but made no efforts to recover. He was reckless and untruthful, boasting of things which did not exist, and using violent language when opposed. He expressed a desire to recover but made no exertions to accomplish it. His memory was obscure, and at times he seemed to have periods of extravagant hopes and expectations. Six months' residence in an asylum was followed by a general improvement of both body and mind, and he was discharged, and is to-day temperate and occupying a responsible position. Within a few months the reappearance of all the old dietetic delusions has given his friends just cause for alarm, and without doubt they will lead back to inebriety sooner or later.

The prominent symptom here was morbid fears or dietetic delusions about food and drink. Although a cultured, sensible man, he never realized their morbid, diseased character. While in Europe the use of wine acted as a spark exploding these impulses and developing the very animalism he sought to check. It is possible he may have realized unconsciously the danger which he inherited, and sought to avert it by such means; or this strange development of symptoms, along with a religious change, may have been a symptom of inebriety in the future.

Case 2.—Inebriety Preceded by Religious and Dietetic Delusions.

M. was a farmer, whose parents were both consumptive. His father and two of his uncles drank hard, and one of his brothers was eccentric and became insane. His parents died when he was 13 years old, and he went to live in the family of a very pious uncle. Here his religious character was developed to a high degree. An ambition to be a missionary like St. Paul filled his mind, only he trusted to faith alone and the call of the Spirit, without the addition of works, thinking that all the means would be at his command when the time came. For several years he worked on the farm with his uncle, confidently expecting some revelation and direct call, with a miraculous gathering of the means.

His sisters, who married and lived near, had fears of his mental condition, and hence watched him carefully. At twenty-two he became an energetic temperance man, lectured and held meetings about the town he lived in. He conceived the idea that all drunkenness came from the use of animal food, and began to study the effects of foods on his body. He changed his religious views, and considered that the care of the body was the sole object of life, and talked incessantly about the laws of nature and their abuse. He used only vegetable food, and that very sparingly. Believing that he had spermatorrhœa, he went to a "Quack Water Cure," and after two months came back more eccentric in all his habits and conceits of food and drink. From this time he worked as usual on the farm for five years, when his uncle died and he came into possession of the farm. He married, and a few years later he began to drink cider freely, urging as a reason that his system needed an acid. Some months after he came home from a temperance meeting intoxicated, and although he was more enthusiastic than ever in all his delusions of food and drink, he drank at times, and was intoxicated, without any excuse, except, according to his views, the indigestion from some kind of food which he had not understood. As an instance of these delusions, he attributed to the meat dressing on food, and the mode of preparation, and to the animalcula in water, the cause of his desire for drink. His mind seemed to grow more feeble, and his whims manifest themselves in business and all intercourse with his neighbors. He was seized with typhoid fever, and after recovery drank hard from day to day. Signing the pledge and promising his friends that he would not drink again, and yet going deliberately away without any thought of what he was doing. He seemed to lose all consciousness of right and wrong, and forgot that he had promised or wanted to abstain. His body and mind became so much impaired that he was at last sent to an insane asylum, where, after three months' residence, he recovered in part and returned. The old delusions of being a missionary, and of miraculous means open to

enable him to accomplish this end, has come on again. He is a very temperate, conscientious man, and is an eccentric reformer in the temperance ranks. In the asylum he was stolid and forgetful, full of delusions himself, although he reasoned well about matters outside, and was on all other subjects free from any noticeable peculiarities. He was alarmed lest his wife would desert him, and thought his stay in the asylum had a sinister motive; supposed his property would be taken from him. He eat heartily at times of all kinds of food, then abstained, and all the aches and pains he attributed to the presence of bad food.

This case was particularly noticeable for the delusions of faith and of food. In all probability the spermatorrhœa was largely nervous, and the treatment and residence with the *Water Cure* only served to rouse and intensify the nervous trouble. His enthusiasm in the temperance cause was of the same character, only varied as to object, and destined to break out into inebriety sooner or later, under any circumstances.

Case 3.—Inebriety Preceded by Delusions of the Care of the Body, Fear of Death, and Temperance Enthusiasm, etc.

B. Both parents died of consumption when he was six years old. He was brought up on a farm, and was a strong, temperate, retiring young man, free from all peculiarities or noticeable weakness. When twenty-four he was employed as express messenger on the railroad. Three years later he married, and his wife noted the following curious habits, but in reality symptoms. He drank milk in preference to tea and coffee, which he supposed to be adulterated, and had great fear of being poisoned by water. He lived on a diet of rice, potatoes and apples, and was constantly studying the food which he thought would prevent disease. He talked confidently of the theory that each person required certain kinds of food to prolong life and avoid disease, and the study of these foods was the great purpose of life. He read largely of the popular scientific literature of the day, and adopted many curious notions and opinions. He was in good health, and in no other respect was he peculiar or strange. These fancies and whims grew more prominent each year. At one time he lived on a vegetable diet, and wrote out minutely every day a description of his feelings and condition; then he changed to a meat diet almost exclusively.

He gave great attention to the care of his body, regulating all his habits with mathematical precision, reading much, and exhibiting a passion for histories of the Rebellion, and spending hours in calculations of the greater endurance of the armies if the proper diet had been used. He attended closely to his business, was *particular* and *fussy*. Could not bear to do anything out of time, and was very sensitive about little interruptions. All these peculiarities grew steadily upon him, making themselves prominent to those in his company. His health was good and his temperance enthusiasm increased, until he became a lecturer, seeking every opportunity to speak to and exhort audiences of young men. He joined all the temperance societies, and was very active. About this time he manifested great fear of death and loss of property, and seemed to have delusions of caution; he bought tickets in Travelers' insurance companies every day; giving particular caution to the inmates of his house about fire, changing his will frequently, and making a special statement in his diary of what he wished to have done. Later, he gave up the express business and went to farming, manifesting the same caution and changeableness of purpose and plans; he had an attack of remittent fever, which increased his delusions of disease and turned his attention to remedies and means for recovery. Anæmia, neuralgia, with a general condition of neurœsthenia came on. He began to use all kinds of quack medicines, and at last found relief in some bitters which contained large quantities of alcohol, which he drank regularly from day to day. From this time he went rapidly down, drinking to intoxication, neglecting his business and losing his property, and becoming an aimless, chronic drunkard. His friends finally sent him to an asylum; he was full of delusions of persecution, was passionate and very childish in thoughts and impulses. After six months' residence and treatment he recovered and was discharged, and moved to the far west. His mind regained to a large extent its control, and the old delusions had passed away.

These three cases bring out prominently the peculiar class of symptoms which I am confident both precede and follow many cases of inebriety. Neurœsthenia, with both functional and organic nerve disturbances, is present in nearly all the cases. They all follow in the line of many of the complex physical symptoms which are so puzzling to the ordinary observer, and indicate, without doubt, the disorder of some brain centres or some general condition of debility.

The presence of these early symptoms is not always followed by inebriety, but they indicate a condition that lies closely along the "border

land" of this disorder. A condition which, with a slight change of circumstances, develops inebriety at once; all the soil is ready, only needing the germ to spring into activity.

These cases can be studied in nearly every community, and are seen often in the enthusiastic temperance men, who have a half consciousness of their danger, and hence are more active to help others, and by this means save themselves. These symptoms are of grave importance when developed among brain workers, because, all things considered, less power of resistance and capacity for recovery exists.

Delusions and morbid convictions and introspections of the mind impress the brain more permanently in some cases than in others, and their presence in any case is a hint of much pathological importance.

These clinical facts may be condensed into the following statements:—

1. Extreme solicitude for the care and protection of the body, as well as the food and fluids used, when it becomes a delusion, absorbing the thoughts and energies, is, as a rule, an early symptom of inebriety.

2. Delusions of fear, faith, and extreme anxiety for the temperance reform, in persons not intemperate before, accompanied with changing emotions and unstable nerve conditions, are significant symptoms, very often ending in inebriety.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF PROF. LOUIS A. DUHRING, M.D.

Reported for the Medical and Surgical Reporter.

Erythema Nodosum.

The patient was a little girl, five years of age, whose legs, thighs and arms were the seat of a number of flat nodules, from half an inch to an inch in diameter, slightly elevated above the level of the surrounding skin, having a smooth surface without scales, and a dark reddish or purplish color. There was no sensation of itching, nor of burning, but the child said that the lesions were painful. There was no eruption of any sort on other parts of the body. The affection had made its appearance about a week previously, showing itself originally upon the legs, the lesions being at first of a more vividly red color, but within a day or two becoming quite dark or livid. They came out one or two at a time, new ones appearing every day, and within a few days the thighs and also the arms became involved. At the time of her appearance in the clinic the disease appeared to be at its height. The patient's general health had not been very good, especially of late; her appetite was capricious; her bowels were constipated; she was subject to headache.

Dr. Duhring said that the history of the affection was quite characteristic. Erythema nodosum was an uncommon affection in this clinic. When cases came under observation, it was usually in the later stages of the disease. The lesions look very much like bruises; a slight circumscribed tumefaction of the skin occurs, which is first of a bright red color, but this soon grows darker, purplish, livid, and finally runs through the various shades of blue and yellow which mark the changes taking place in a bruise. This resemblance to a bruise has given rise to the name *dermatitis contusiformis*, formerly applied to the affection, a name which is now quite obsolete. It shows, however, how the appearances presented by this affection impressed those who first saw it. Many colored plates representing erythema nodosum represent the lesions as much more prominent than in the present instance; the wax models in the University Museum show protuberances nearly the size of a half walnut. The present size, the lecturer said, was more usual. This affection, Dr. Duhring continued, was in reality a phase of *erythema multiforme*, of which another variety, erythema papulatum, was that at times observed on the backs of the hands. The treatment of erythema nodosum should be as simple as possible; often no treatment is demanded. Saline drinks may at times prove beneficial. In order to allay the mother's fears, general directions and advice should be given. Rest should be enjoined. Locally, if there is pain, cold compresses or a roller bandage may be employed. The affection ordinarily runs its course in a fortnight, and gets well spontaneously. The diagnosis is important. In the present instance it was easy, but in cases where only a single lesion shows itself at a time it is sometimes difficult to distinguish its exact character, and it might easily be confounded with threatening abscess or with erysipelas.

Urticaria.

A laboring man, about 30 years of age, presented himself without any distinct lesions, but showing numerous scratch marks upon different parts of the body. He had been troubled, he said, for several weeks, with "hives."

Almost every one, Dr. Duhring said, knows the lesions of urticaria, for they are striking, and the disease also is common and well known among all classes. But the lesions are fugitive, and it is often difficult to get an opportunity to inspect them. The patient states he has had "hives," but at present none of the characteristic wheals of urticaria are to be seen; we see, however, scratch marks scattered over various parts of the surface. Now scratch marks and excoriations are not in themselves characteristic; they may be present as the only conspicuous lesions in phtheiriasis as well as in urticaria. We must take this into consideration, for phtheiriasis may occur in all walks of life, and in a case of eruption like the one before us we must not hesitate to examine our patient for pediculi, no matter how high his social position. Here we find the clothing quite free from lice or nits. If we come back to the scratch marks again and examine these, we see that they are not so numerous as they would

be if the disease were phtheiriasis. Lice multiply very rapidly, and if they had been present here for six weeks, which our patient tells us has been the duration of his disorder, the ravages which they would have committed by this time would have been much more marked in their effects. Let us now attempt to develop some wheals artificially. (Dr. Duhring here drew the edge of his finger several times across the surface of the skin, over the back, so as to produce a gridiron arrangement of lines.) This man's skin, you note, is in a very sensitive condition: you observe that already there are white raised wheals beginning to form, arranged in cross lines just where my finger has been drawn. This indicates positively the nature of the disease. We have here urticaria, and the condition, whatever it may be, which has given rise to this susceptibility of the skin is still in operation.

Urticaria may be either acute or chronic, that is, it may consist of an attack lasting some hours or days, or it may recur indefinitely and last weeks, months or years. The acute variety is most frequently brought about by the ingestion of certain kinds of food, strawberries, shell fish, etc. The chronic variety is usually dependent upon some, it may be obscure, functional disorder of the nervous, or digestive, or, in women, of the generative system. While the external treatment in urticaria is the same, whatever the variety or the cause, the internal treatment differs. On questioning our patient, we find he shows positive signs of indigestion. We shall therefore direct that he take a sufficient quantity of Rochelle salts, morning and evening, to produce several copious evacuations in the twenty-four hours. He shall also be ordered four grains of quinine, to be taken three times a day. In addition, the patient's diet must be regulated. He must avoid pastry in every form; pickles, salt meat, cheese and crude vegetables, must also to be eschewed. In ordering local treatment for a case like the present we should prefer lotions, as they are more apt to give quick relief to the intense burning and itching. The following is a useful formula:—

℞. Acid carbolic, f. ʒ j ad iij
Glycerinæ f. ʒ ij
Aquæ ad Oj. M.

Another one which is equally good and useful, is this:—

℞. Alcoholis f. ʒ ij ad vj
Glycerinæ f. ʒ ij
Aquæ Oj. M.

Sometimes one of these lotions is the better, sometimes the other. They are both very convenient and useful. Alcohol, brandy, whisky or other liquor, pure, may also be used.

Cornu Cutaneum.

Jane McC., seventy years of age, presented herself for the relief of a horny growth situated on the left cheek, over the malar eminence. This was about an eighth of an inch in diameter, and about half an inch in length, rising abruptly from the skin and standing out at a right angle from the surface. It had first been observed about ten months previously, as a minute, hard scale upon the surface, which itched slightly, and when picked off rapidly grew again, and had increased steadily, although very slowly, in size, up to the time of the patient's presentation before the class. On the vertex of the scalp could also be observed a sebaceous cyst or wen, the size of half a walnut, quite without sensation, and of many years' duration.

Dr. Duhring called attention to the characteristic features presented by this cutaneous horn, which, though small, was quite typical in its appearance. It starts, he said, directly from the skin, without any raised base or areola. It may be freely handled without pain, and on examination we find the growth in no way different from that of an ordinary horn growing upon one of the lower animals, being hard, laminated, and grayish in color. We may meet such horns growing upon any portion of the body, especially where the sebaceous glands are active; the face, neck, shoulder, hands, and even the glans penis in the male, may be the seat of the growth. (Dr. Duhring here showed several pictures of cutaneous horns, one of which, about three inches in length, grew from the back of the hand of an elderly person. Although firm to the touch, such small horns as this can be picked off without difficulty, leaving an excoriated or ulcerated base. The pathology of cornu cutaneum is simple: it springs from the deeper strata of the mucous layer of the epidermis, and consists in a hyperplastic growth of these cells.

Many cases of cutaneous horn have, from year to year, been reported in the journals, especially in former years. Of late they seem to be less frequently met with. As people become more enlightened they are disinclined to allow such growths to remain, and they are removed before they grow large. In this case the patient shall be directed to poultice the horn for a day or two, in order to soften and macerate it thoroughly, when it will probably come off spontaneously. But if the base be not destroyed, it will grow again, and we shall therefore direct that it—the base—be cauterized with one of the stronger caustics, say with caustic potassa. This will effectually prevent its recurrence.

In connection with this case, Dr. Duhring recalled a similar one, which had applied at the clinic about a year previously. This occurred in an Irish laborer, some fifty-six years of age. He had first noticed it about four months before, when the lesion showed itself in the form of a pin-head-sized papule, on the left side of the face, just in front of the ear. This grew slowly at first, afterward more rapidly. At the end of two months it began to harden, the surface grew horny, and when the patient came under observation he showed a well marked horn, flattened like an elongated, thickened and pointed claw or toe nail, more than half an inch in length and one-third of an inch in breadth at its attachment. It was quite movable upon its base, which was a raised fleshy tumor, the size of a small filbert, and presenting the appearance of a sebaceous tumor. The patient was seen again two months later, when the horn was found to have nearly doubled in length, preserving the same general shape, and lying flat against the skin, though only attached by its rather narrow crescentic base. At this time the horn was quite loose, and could easily have been picked off with the fingers.

Verrucous Growth of the Scalp.

A boy, about twelve years of age, was brought before the class showing a flattened, elongated warty growth on the right parietal region, about two inches in length by half an inch in breadth, and rising a quarter of an inch or more above the surrounding skin. The color of the growth was pinkish, while the neighboring integument was quite red, smooth, infiltrated, and showed a number of small pin-head-sized, pearly nodules or milia, filled with cheesy matter. There were no hairs proceeding from the growth itself, and the scalp in the immediate vicinity was quite bald. The growth was made up of a large number of small warty excrescences, closely pressed together, and exuding, when pressed upon, a yellowish fluid from their interstices. There were no subjective symptoms. The growth had shown itself some years previously, as it was stated, a common wart upon the scalp, which grew with considerable rapidity and spread until it had reached the size presented. Prof. Duhring called attention to the absence of hair upon or in the immediate vicinity of the growth. This had been caused, in part, he thought, by mechanical means, and in part by inflammation and subsequent closure of the hair follicles. Had this growth occurred in an elderly person, it might give rise to some concern as being the probable starting point or seat of epithelioma. Even in a boy, if allowed to run on, such a verruca might, in time, give trouble, for epithelial degeneration might occur, with subsequently the formation of epithelioma. For this reason the growth should be removed, and the application to be recommended in this, as in the case of warts generally, is glacial acetic acid. This is to be applied by means of a small stick covered with cloth, or a mop, with which the acid may be rubbed in once or twice a day, until the warty growth becomes tender. Some time will probably be necessary to bring about its disappearance.

Editorial Department.

Periscope.

The Treatment of Dyspepsia.

On this subject Dr. A. Leared says, in the *British Medical Journal*—

In the treatment of all forms of dyspepsia attention to diet claims a prominent place. Articles known to be slow of digestion must be avoided, and a lessened amount of food must be taken only at proper times. But, as a rule, absolute strictness in diet is more necessary in dyspepsia from defective secretion than in that from impaired motion; for, as already said, in the latter affection digestion is sluggish rather than imperfect. One dietetic rule is, however, of the greatest importance in the present case. The principal meal should be taken early in the day, before the nervous system has been exhausted either by mental or by bodily exertion. In some instances the power of digestion seems to diminish in proportion as the day advances. A distinguished literary lady consulted me, who had, by incessant brain work, fallen into a state of great suffering from gastric oppression and flatulence after meals. At my suggestion she dined early instead of late in the day. This change was beneficial, but was not effectual in affording relief. I then advised that she should eat meat at breakfast only, and that no writing should be done before the meal. This plan succeeded perfectly.

From its well-known power in causing muscular contraction, strychnia suggests itself as the remedy for impaired gastric peristalsis. It affords the most powerful means we possess of restoring the gastric functions. I may, perhaps, take some credit for having helped to make known its value. So long ago as 1860, I wrote: "Speaking from extensive experience, I know no single medicine of more value. . . . . It acts by increasing the tone of the muscular coats of the stomach and intestines. When these coats are relaxed, gases are generated, mainly owing to retardation of the aliment in the cavities. No remedy has in my hands proved so permanently effective as strychnia against this inconvenience." (*Imperfect Digestion* 1st ed., p. 186.) In 1864 the late Dr. Brinton, following Chomel, condemned the use of strychnia in stomach diseases as unnecessary and dangerous. (*Diseases of the Stomach*, p. 334.) But, notwithstanding the condemnation of these authorities, strychnia has held its place in these affections, because, although too often given without discrimination, it proves beneficial in many instances. The secret of its successful administration lies in the recognition of the cases. It is suited for cases characterized by the symptoms of impaired motion; namely, uneasiness, but not actual pain, after food, and flatulence. It is not suited for cases of impaired secretion, characterized by pain after food and little or no flatulency.

Some precautions are, of course, necessary, and more so because the patients are seldom under daily observation. A dose of one-twentieth of a grain should rarely be exceeded. It should never be given in pills, on account of the difficulty of exact subdivision in that form. The susceptibility of the alkaloid to precipitation by alkalies and some other substances must be kept in view. If so precipitated, the whole of the drug would, of course, be contained in the last dose in the bottle. For the rest, the pharmaceutist must be responsible. But, after having prescribed strychnia some thousand times, I never knew any harm to arise from its use.

It might be supposed that electricity would prove useful for lesions of peristalis: but after many trials of faradization and a few of the direct

current, I am compelled to say that I do not regard it as a useful agent in this affection.

It is sometimes desirable to check flatulence by some agent which hinders fermentation. Formerly, I prescribed carbolic acid for this purpose; but its unpleasant taste is a great drawback. Of late, I have used thymol with, I think, better results; and the taste is far less objectionable.

Many cases are met with in which the stomach is unable to expel flatus in consequence of temporary paralysis from over-distension. Various drugs given to promote contraction of the organ —carminatives, as they are called—sometimes fail in their purpose. It is in such cases that charcoal proves useful. Charcoal possesses a remarkable power of absorbing gases; but this power, as I have elsewhere shown, is very much lessened by long keeping and by wetting. This led me to the plan of giving, in hermetically sealed gelatin capsules, charcoal prepared from vegetable ivory, which kind was proved by experiment to possess the best absorbing power. If, in cases of obstinate gastric distension, three or four such charcoal capsules be swallowed, a few cubic inches of carbonic acid gas will be speedily absorbed. Tension being now removed, the muscular coat of the stomach generally resumes its power, and flatus is freely expelled. In a few obstinate cases, however, chiefly when the stomach affection is secondary to diseases of the liver or kidneys, the muscular paralysis is so complete that, as happens in case of the over-distended *rumen* in cud-chewing animals, mechanical interference is the most effective mode of treatment. For this purpose, I have had made a small India-rubber tube (tube shown) two feet in length, having one extremity closed, and perforated like a drainage tube to the distance of four inches from the end. Such a tube can be safely and easily introduced into the stomach, and will prove effectual in relieving the distended organ.

The Neglect and the Value of Blistering.

Dr. H. S. Anderson, in his Harveian Discourse, published in the Edinburg *Medical Journal*, says—

A remedy which I fear is somewhat unduly neglected now-a-days is counter-irritation by means of blistering; and I think I have observed in some young practitioners an approach to something like terror when blistering is spoken of as a remedy that may frequently be used. Certainly, as regards children's diseases, there is more of this fear than there should be. It has frequently, for example, been my experience to see children, in consultation with a younger practitioner, when blistering in acute head affection had never been dreamed of. In mostly all acute inflammatory affections of the brain, tubercular or not, in children, I am strongly of opinion that after shaving the head the application of blistering fluid has a most rapid and satisfactory effect. Inflammatory attacks also, of the peritoneum and chest, in children, are often controlled by blistering, although the size of the vesicatory and the length of time applied must be carefully considered. And in the rheumatic affections of the joints, in adults, repeated blistering has often the happiest results. For many chronic conditions also, counter-irritation has always held a high place in my list of remedies. In chronic tubercular affections of both chest and abdomen, I think occasional and repeated blistering is frequently beneficial, and also in chronic and obscure head and other affections of the nervous system. For example, a blister over the roots of the nerves, in herpes zoster, often relieves the neuralgic pain so generally present, and often so difficult to get rid of. In diphtheritic paralysis, also, blistering the nape of the neck, and even down the spine, often expedites cure in a wonderful way. In the uterine or ovarian pain so often complained of in the left side, there is no better remedy sometimes than a succession of fly-blisters, and the tenderness of spinal irritation is very frequently relieved, if not got rid of, by the same means. In chronic effusions the use of blisters is still fully acknowledged, and does not therefore call for special mention.

Treatment of Cholera Infantum.

The following treatment is recommended by Dr. W. Frank Hines, of Maryland, in the *Southern Clinic*:—

Nothing is of more importance in this trouble than the diet. The practice of giving farinaceous substances—cracked wheat, tapioca, farina, etc.—is surely wrong and hurtful. The digestive organs of the child are very weak, and to put anything in them which they have not been in the habit of receiving is to over tax them: milk contains all the necessary ingredients for the support of the infant; but it does not contain any starch. If possible, the child should be fed on "mother's milk." If this is not practicable, cow's milk may be made to answer. Condensed milk I have seen act in a very satisfactory manner, when there is great prostration and weakness. Beef tea, with a little brandy in it, is very beneficial: say a teaspoonful of beef tea with half a teaspoonful of brandy, every three hours.

In regard to medication, I do not think a great deal is needed, except when there are frequent discharges. They must be stopped; if not, the child will die from weakness. In this connection the following treatment has been of great service:—

℞.	Bismuth. sub. nit.,	℥ ss	
	Spts. ammon. arom.,	℥ ij	
	Tinct. opii camph.,	℥ iss	
	Syrup simplic.,		
	Aquæ fon.,	āā ℥ ss.	M.

Sig.—Teaspoonful every 2½ hours to child 1½ to 2 years old, according to condition.

In some cases, where the diarrhœa is of a very persistent character, stronger measures will have to be resorted to; these are best determined by the circumstances of the particular case. The temperature should be kept down: there is nothing better for this purpose than quinia: but as there is generally head trouble in these cases, I do not think it advisable to use it. Cold cloths applied to the head, sponging with cold water, and ice water cloths to the abdomen, will lower and keep down temperature very satisfactorily, besides often relieving the head trouble.

The Question of Tying the Cord.

The *Annales de Gynécologie*, for February, 1879, contain a paper on this subject, by Dr. Alban Riebemont. He sums up his paper as follows:—

1. By ligating the cord late the infantile circulation receives on an average an addition of 92 grams of blood (Budin).

2. This blood, which is contained in the placental vessels, is most necessary for the full establishment of the infantile circulation.

3. The blood is drawn into the infantile circulation chiefly by the suction power exerted by the expansion of the chest walls (Budin), the pressure exerted by the uterus on the placenta (Schücking, Porak) having no considerable effect.

4. In cases of asphyxia, where the child has a bluish hue, the cord ought not immediately to be tied, nor should any hemorrhage be permitted from its fœtal extremity.

5. Ligating the cord late does not expose the child to the smallest immediate or ulterior danger.

6. The infant is thereby placed in the most advantageous circumstances possible for its development; it loses less weight, and regains what it has lost both sooner and quicker than if the ligature be made immediately.

7. The expulsion of the placenta is thereby rendered easier, and there is less resistance offered to its escaping through the cervix (Budin, Schücking).

8. He agrees with Hofmeier, Zweifel, Schücking and Budin, that the cord should not be tied till the pulsation in it has entirely ceased.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The proceedings of the American Medical College Association, at Atlanta, in May, have been published in pamphlet form, and copies may be had of the Secretary, Dr. Leartus Connor, Detroit, Mich. (Paper, pp. 14.)

——In pursuance of his fruitful studies on nervous diseases, Dr. George M. Beard, of New York, has recently had reprinted two of his articles, one on "Other Symptoms of Nervous Exhaustion," the other on 125 cases of Writer's Cramp and Allied Affections. They are well worth careful perusal.

——The seventh "Toner Lecture" was delivered by Dr. Edward O. Shakspeare, of this city, on the subject, "The Nature of Reparatory Inflammation in Arteries after Ligature, Acupressure and Torsion." It is a thorough study of the literature of the subject, illustrated by a number of original observations, and must prove of interest to all pathologists and surgeons. (Washington Smithsonian Institution. Price 25 cents.)

——Of gynecological reprints, we acknowledge one on the "Pendulum Leverage of the Obstetric Forceps," by Dr. A. H. Smith; on the "Hand as a Curette in Post-partum Hemorrhage," by Dr. H. P. C. Wilson: and a paper on the "Causal Lesions of Puerperal Convulsions," by Dr. James Tyson." The last mentioned goes to show that some form of Bright's disease is usually the exciting cause of convulsions. It is a reprint from the *Transactions* of the Pathological Society of Philadelphia. (pp. 56, 8vo.)

——Dr. Edward S. Dunster, of the University of Michigan, delivered, at the last meeting of the American Medical Association, a very able argument against a proposed amendment of the code of ethics restricting the teaching of students of irregular or exclusive systems of medicine. Indeed, we heard it characterized by a person present as the very best effort made at the meeting. The full argument now appears as a pamphlet of twenty-eight pages, with some appropriate accessory matter. Dr. Dunster has the right side, and he marshals his arguments with great skill and force.

——The radical cure of hernia by tying together the walls of the ring with carbolized catgut ligatures was effected by Dr. H. O. Marcy, of Cambridge, Mass., as far back as 1871, and several cases are recorded in his paper before the last meeting of the American Medical Association. He writes—"No method of operation for radical cure of hernia appears more feasible, is probably attended with less danger, and at the same time affords a means of closing and strengthening the weakened ring, which is so desirable, and yet, with all the ingenious devices of surgery, is so difficult to attain."

——Last winter the New York Neurological Society appointed a Committee on Insane Asylum Abuses. The Committee presented a petition to the State Senate, setting forth the most flagrant abuses of the New York asylums. The Senate referred the petition to a committee of two, to take testimony. These two only took such testimony as suited them, and made a report "unfair, one-sided and grossly misrepresenting the facts," according to the opinion of the Neurological Society. This opinion seems borne out in a "Provisional Report" of the Society's Committee. The explanation offered is that one of the Senators, Mr. Goodwin, is from Utica, and is "strongly affiliated" with Dr. Gray, superintendent of the asylum there.

——Dr. J. R. Black, of Ohio, sends a note of warning, which he thinks needed, under the title, "The Drift into Solidism" (reprint from the New York *Medical Journal*). What he wants to impress on the mind of the profession is that "the transmutation or the immediate extrication of the vital energies takes rise as an immediate effect of the interaction of the blood and the tissues, quite as much in the living organism as in the inanimate machine, and not according to the method which seems to be practically accepted as true, that blood is only to build up muscle, nerve and gland tissue, from which special varieties of force are afterward evoked, through the process of waste or retrograde metamorphosis."

——The tenth thousand of Dr. John Ware's little book, entitled, "Hints to Young Men on the True Relation of the Sexes," has been printed by A. Williams & Co., Boston. In spite of those who maintain that self-abuse is attended with few or no dangers, we hold to the old doctrine that it is most injurious and in many ways; and hence we welcome the circulation of this able and pure essay, and hope for it a wide reading among young men. It was written thirty years ago, and the author is no more, but he has left a beneficent legacy of sound advice, just as much or more needed now than when he first addressed his warning words to a generation which has now reached middle life.

BOOK NOTICES.

Elements of Modern Chemistry. By Adolphe Wurtz, Professor of Chemistry of the Faculty of Medicine of Paris, etc. Translated and edited by Wm. H. Greene, M.D. With 132 illustrations. Phila., J. B. Lippincott & Co., 1879. Cloth, 8vo, pp. 687.

The author of this treatise has long been known as one of the most able chemists and successful teachers in France, and has especial celebrity for his masterly expositions of chemical philosophy, and the more abstract departments of that science. The translator has rendered the fourth edition of M. Wurtz's work with the approbation of the author, who has himself added a preface to the American edition. The field covered includes organic and inorganic chemistry, a full discussion of the atomic theory and chemical nomenclature, the alkaloids, alcohols and petroleum derivatives, and, in fact, the whole domain of the science. The numerous illustrations are carefully made and accurately printed, most of them serving to show apparatus and methods of manipulation. Indeed, no other elementary chemistry has greater claims for popularity.

One feature we note is missing which ought to be present, and that is a table of contents. Every facility ought to be furnished a student of such a difficult branch, and this is one of them. In the next edition we hope to see it remedied.

Diseases of the Intestines and Peritoneum. By John Syer Bristowe, M.D., J. R. Wardell, M.D., J. W. Bigbie, M.D., L. O. Habersbon, M.D., T. B. Curling, F.R.S., and W. H. Ransom, M.D. New York, Wm. Wood & Co.

This is one of the volumes of Wood's Standard Medical Authors. As the title indicates, it is made up of a number of essays by the various English writers mentioned, extracted from Reynold's "System of Medicine" (to which no credit is given) and other sources. The usual diseases of the stomach and bowels are included, together with the peritoneum and abdominal tumors. As these essays have been before the profession many years, they need no special mention at this time.

Transactions of the Pathological Society of Phila. Volume VIII. Edited by J. Henry C. Simes, M.D., Philadelphia. 1879. J. B. Lippincott & Co.

Many instructive reports will be found in this volume, of which we have the space to mention only a few. A remarkable case of excision of four inches of the upper part of the rectum, in consequence of intussusception, caused by a villous tumor, is reported by Dr. M. O'Hara. The patient recovered promptly without a bad symptom. A case of fatty heart, with "polypus" of the right auricle, reported by Dr. T. P. Henry, is interesting for the distinction drawn by the reporter between fatty heart from atheromatous degeneration and that from primary deposit; as well as for his discussion of cardiac polypus, a mysterious affection which all who have read Rousseau's *Confessions* will remember was a prominent malady in the pathology of the last century. A well reported instance of syphilitic disease of the pleura and lungs is given by Dr. W. N. Warder. Dr. Charles H. Burnett devotes a number of pages to a discussion of the growth of the fungus aspergillus in the human ear. Recurrent or metastatic carcinoma is discussed by Dr. R. A. Cleemann. A long and thorough exposition of the causal lesions of puerperal eclampsia, by Dr. James Tyson, closes the volume.

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POLITICO-ECONOMICAL REFLECTIONS ON THE PROFESSION OF MEDICINE.

There is a strong under current of feeling in the public, that the services of a physician ought, by rights, to be gratuitous. If we analyze this sentiment, we can probably trace it to several sources. In the first place, it appears on the surface of things that the physician's services cost him nothing. He does not give any material *quid pro quo*. The druggist furnishes the medicines, the instrument maker the apparatus. Hence, not to pay the doctor's bill does not seem like robbing him.

Another reason is, that it seems affliction enough to be sick, to lose one's time and suffer pain, without paying for that undesirable privilege. It looks like adding insult to injury for a fellow being to require you to pay him out hard cash, because you have met with unmerited misfortune.

Still stronger, perhaps, is the influence of the benevolent emotions in leading people to look grudgingly at the bill of the physician. This may seem paradoxical, but it is not. There is in every well regulated mind an instinct which prompts us to succor and relieve our fellow beings in affliction, and to do this, like the good Samaritan, without money or reward; rather, like him, besides binding the wound, to hand over from our own pockets certain pence to the innkeeper, to pay the sufferer's hotel bill. That instead of this a class of men should be found who mulct the unfortunate still further, is no doubt unconsciously repugnant to the untutored benevolent emotions.

Hence it is that many persons think themselves entitled to the gratuitous attentions of medical men, when they would not dream of asking other classes of business men to serve them for nothing. The poor of a community or a parish, those who cannot pay, are in popular opinion entitled to ask the nearest physician to visit them, and if he declines to do so on the ground that he cannot get paid, he is exposed to severe condemnation by his neighbors. All sudden accidents and emergencies demand his care, without regard to the possibility of requital. Benevolent societies expect him to look after the sick poor at their charge for nothing, or at a very low rate. Clergymen and their families are usually surprised and somewhat indignant if they are asked to pay for attendance. The families of other physicians are not supposed to be the recipients of bills.

There is, in fact, something contradictory in the business of the physician when regarded from a politico-economical standpoint. Here is a class of men depending on the presence of sickness in the community for their living, and yet ostensibly doing their utmost to prevent sickness; who profit the more the longer their customer is ill, yet who profess to be ever aiming to shorten that illness: who are engaged in the most benevolent of avocations, and yet seemingly violate the first principle of charity by demanding filthy lucre as the price of loving-kindness. No wonder that there is some confusion in the public mind in view of these contradictions of theory.

Dr. RICHARDSON, of London, lately prophesied that the time will come when there will be

neither lawyers nor physicians, the need of both these professions being done away with by the increase of popular intelligence. That happy time is a long way off yet, but we are gratified that so deep a thinker has announced it as a sure thing, and the world can easily afford to wait a good while yet if it is to enjoy at last such a millennial state.

Notes and Comments.

Therapeutical Notes.

ULCERATIONS IN INFANTS.

The following is highly recommended by M. Archambault, in all kinds of painful ulcerations, etc., in infants:—

R. Mucilage of quince seeds, 15 grams
Extract of rhatany, 5 grams.

TREATMENT OF PSORIASIS.

To clean away the scalds and prepare the skin for tarry remedies, etc., in psoriasis, nothing, says Dr. Preissmann, of Vienna, equals this:—

R. Salicylic acid, 6 grams
Rectified alcohol, 100 grams.

Rub moderately the affected part with this mixture, on some charpie.

SACCHARINE DIABETES.

The experiments of Dr. Fürbringer, in Berlin, seem to show that the two most active agents in reducing the excretion of sugar in this disease are salicylate of soda and carbolic acid.

NIGHT COUGH OF CHILDREN.

In this affection Dr. MacDonald says, in the Edinburg *Medical Journal*, he has derived great benefit from hydrocyanic acid, prescribed as in the following mixture:—

R. Acidi hydrocyanici dil., ♏viij
Syrupi simplicis, f. ʒij
Aquæ destillatæ, f. ʒij. M.
Fiat mist.

Sig.—One teaspoonful every four hours.

The Quinine Question.

Dr. D. J. Roberts, of Nashville, was the principal advocate, at Atlanta, of removing the duty on quinine. Shortly after the meeting the editor of this journal addressed him, asking for a synopsis of his remarks and some further light on the subject. No answer was received until after Congress had adjourned, when Dr. Roberts wrote that "it had been suggested to him by certain ones who were moving actively in the matter to use extreme caution" in his language; in other words, to avoid a free and fair discussion of the subject.

The result of this narrow and tricky policy, quite unworthy of a liberal profession, is the passage of an Act which, as we showed last week, plays directly into the hands of foreign dealers and domestic drug sharps, and will not cheapen quinine with any certainty at all.

We hope the next movement of the kind will be engineered by men who are not afraid of honest publicity, and are above the wiles of ward politicians.

Virchow on the Germ Theory.

In his late work on "Infectious Diseases in the Army," Prof. Virchow does not anticipate much aid to diagnosis or treatment from microscopic investigations of *vibrios*, *monads*, *micrococci*, *bacteria*, etc., with reference to peculiar forms of disease. He emphasizes the fact, however, that Billroth's supposed mother plant of all these—*Coccobacteria septica*—is always present in the human body itself, notably in the intestinal canal of healthy persons; so that a primary importation, an infection, or a transference, seems hardly required; it is already at hand, and wants only favorable conditions for propagating and further growing.

On the Diagnosis of Large Ovarian Tumors.

Under this title Schultze contributes a short paper to No. 6 *Centralblatt für Gynäkologie*, March, 1879. The improvement in diagnosis which the author insists upon is to practice the combined exploration, with one or two fingers in the rectum and the other hand upon the lower part of the abdomen, more completely than has usually been practiced hitherto. For this purpose he recommends to chloroform the patient, and to have the tumor well pushed and held up by an assistant. This being done, its connection with the uterus and pelvis can, he says, be made out very accurately.

Western North Carolina for Consumptives.

A recent letter from a subscriber who has been spending this year in Asheville, North Carolina, adds further testimony to the value of the elevated plateau in that vicinity as a resort for phthisical patients. The district is high, well drained, dry, cool in summer, not bitterly cold in winter. The scenery is interesting and the inhabitants friendly to visitors. Dr. Gleitsmann's excellent sanatorium is near Asheville, the reports from which prove the conditions of that locality to be peculiarly favorable for consumptives.

CORRESPONDENCE.

FOREIGN.

Letter from London.

ED. MED. AND SURG. REPORTER:—

Trusting that a concise account of the workings of some of the most noted hospitals and medical schools of London will be of service and interest to some of your readers, I resume the subject in this letter by giving an outline of the Charing Cross College.

Among the teachers of the school is the well-known L. S. Forbes Winslow. In the college catalogue, one of the headings under the "Medical Officers" is entitled "*Chloroformists.*" This is the case, indeed, with all the English catalogues, showing that the operators, like our own much respected Prof. Gross, will have one certain one only to administer the anæsthetic.

Certain days of the week are set aside in most of the London hospitals as operation days, and these days are printed in the various medical journals, and usually a written notice is posted up in a conspicuous spot in the hospital and college, of the hour, the character of the operation, and the operator for the following or present day.

It was a matter of great surprise to find how many, even of the noted physicians, know but little of American physicians.

Making frequent inquiries, I find but very few homœopathic physicians, as compared with the United States. It is said the system flourishes best in the United States, then England and Scotland coming next, and on the Continent—its birthplace—it is decidedly scattering. Indeed, the late Madame Hahnemann said, when consulted in regard to the publication of some of her husband's manuscripts, that they must go to America; that "to America homœopathy must look for its best support and its proper promulgation."

Prof. Lister is taking well in the United Kingdom, especially in London. There is more opposition to his system in Edinburgh than elsewhere. His chief opponent in London is Dr. Hutchinson, of Cavendish Square, who is a believer in the alcoholic plan of antiseptic treatment.

There was a report going the rounds in London that Lister's practice was very small, but I am informed by a very prominent gentleman of the profession, who is personally acquainted with Mr. Lister, that this is not the case. From what he knows by personal observation, and from what the great surgeon tells him, he knows that his practice is both large and lucrative. I called at his house, but unfortunately found him away from the city for several days. He is very particular, as many other surgeons of London, about being called *Mr.* Lister, not *Dr.* Lister. The surgeon looks down upon the doctor as an inferior species of the medical class. What strange things time will work! Medical history tells us that once the surgeon belonged to a different family entirely to the *barber tribe*: the doctors, the physicians, the great healers of human ills, would not deign to handle the knife and the various instruments of the operator. The tables are almost completely turned. The surgeon has now the maximum of medical honor, and is rather inclined to snub the plodding physician. He no longer is the barber, but the brilliant operator of the great hospital amphitheatre. Has not the brilliancy of an operation more than once dazzled a surgeon's judgment, and made him hold up exultingly a mangled foot removed, that kind nature might have restored to usefulness again?

The only sign on Lister's house is a simple brass plate, quite small, fastened to the door, having on it—"Mr. Lister." This one may read without paying a sixpence. I became so used to paying a sixpence, in London, for everything I did, that I felt almost guilty, after leaving the house, for stopping a few minutes to look at the home of this noted surgeon without dropping a coin into the hat of a near-by beggar.

Dr. Dobell gave me a very hearty reception, and made me feel at home at once. Dr. Dobell is about in midlife, looking much more like an American than an Englishman, his form being far less bulky than the ordinary run of English people.

Dr. Dobell is connected with the Consumption Hospital of London, and his chief hospital work is in the direction of heart and lung diseases. His practice is not confined to these diseases, but he is having a very good general consulting practice. He says he writes on coughs, etc., because of his hospital work furnishing so much material, and because it is very uncommon in London to report "a case in private practice," as so often is seen in American journals.

The doctor is undoubtedly right in regard to himself, but I think the British journals quite often report cases from some one's private practice.

Each arrival in a physician's office is announced by the porter dropping a card into a box, through the door of the consulting room. Hearing one drop in, the doctor slowly goes over, while conversing with you, removes the card, glances at the name and places it with others on the table. This occurred several times while I sat with Dr. Dobell. A very convenient plan, saving the inconvenience of opening the door to answer the party's knock just at a given time, when the examination of the patient may be interfered with.

C. C. V.

DOMESTIC.

Irritable Ulcer of the Rectum Treated by Forcible Dilatation.

ED. MED. AND SURG. REPORTER:—

I read with interest the letter in the REPORTER, volume XL, page 526, on "Irritable Ulcer of the Rectum and its Treatment by Forcible Dilatation." I have now treated six cases the past four years by this method, and with uniform success. I learned this mode of treatment from my confrere, Dr. F. A. Howe, who has for many years treated irritable fissure by Recamier's method of dilatation (Recamier, of Paris, being, if I mistake not,

the originator of this treatment). My first case resembled very much that recorded by Dr. Rush in your columns. The patient was an old lady, of seventy, who had been suffering for three months from a distressing pain in the lower bowel, occurring on defecation, and lasting for several hours. I did not dilly dally with internal remedies and topical applications, but proceeded at once to forcible dilatation, chloroform having been administered. And here I would say that I believe anæsthetics necessary to the success of the operation, for so sensitive is the anal region in this complaint that the introduction of the finger or speculum without ether is intolerable. For this reason, too, the fissure is very seldom seen by the examining surgeon, but its presence is inferred from the pathognomonic symptom—burning pain attending defecation, and lasting from one to six hours. It is, as Van Buren describes it, a dull, gnawing, excessively distressing sensation, located just within the orifice of the anus, unfitting the sufferer for any occupation, and making him completely miserable.

To return to the brief account of my first case—the operation was attended with immediate and permanent relief.

In another case which I was shortly after called in to treat, that of a young man of 27, merchant, for more than a year doomed to almost constant suffering, and seriously shattered in health, the manœuvre of forcible dilatation wrought immediate cure. I obtained considerable eclat from this case. In such cases a little skill and knowledge tells, far more than the ordinary routine practice of medicine. Here you obtain instantaneous good results, which are not so sure to follow the anxious attentions which you bestow on your fever patients.

Your correspondent has well described the mode of dilatation—the thumbs are introduced back to back, about the whole length, and then you pull them apart with about all your strength, till you hear something *snap*, or till the palmar aspect of the thumbs touches the ischial tuberosities.

The young man of whom I have just spoken had spent "hundreds of dollars," as he expressed it, "in doctoring."

My third patient was a strong, healthy man, who had for some time been disabled for work. I treated him in my office, by dilatation, without ether or chloroform. The operation was accomplished under great difficulties, and was successful, but there was an unpleasant accompaniment which made me resolve never again to perform dilatation without the needful anæsthetic.

My next patient was a consumptive, whose closing scene was rendered more comfortable by having got rid of a distressing infirmity.

The operation of Boyer—division of the mucous membrane through the centre of the ulcer, is recommended by Brodie, and is the favorite treatment of Allingham. (See the Lectures of the latter on "Diseases of the Rectum.") I have never resorted to this method. It is undoubtedly equally efficacious.

I have had two cases since the last to which allusion was made; immediate deliverance from an agony of months was obtained by the measure of forcible dilatation. A good deal of soreness, smarting and swelling generally follows the operation; this needs an opiate, a cold water pad, and rest in bed for a few days.

The pathology of the affection, and the *modus operandi* of the treatment are well described in the little work of Van Buren on "Diseases of the Rectum," published by D. Appleton & Co., of New York. Dilatation paralyzes the sphincter, and gives the ulcer or fissure rest and time to heal.

In "Napheys' Surgical Therapeutics" a long list of local remedies is given, which may be tried first, before dilatation; it seems to me that the operation of forcible dilatation is so simple, so easy (with ether), so safe, and so certain, that it should supersede all other modes of treatment.

Newburyport, Mass. E. P. Hurd, M.D.

Veratrum Viride Poisoning.

Ed. Med. and Surg. Reporter:—

The fatal case of poisoning from tincture of veratrum viride, to which I drew your attention in the Reporter of the 26th of April last, was never, to my knowledge, reported anywhere, but at the solicitation of many I will endeavor to give an account of the case as it occurs to me at this time, and my friend, Dr. De Forest Willard, whom I called to assist me on this occasion, has kindly volunteered to do likewise.

The victim was an internal revenue collector, A. A., about thirty years of age, residing at D., in the vicinity of Philadelphia, Pa. I first saw him in a hotel, standing in the middle of a room, endeavoring to divest himself of his clothing preparatory to going to bed. He had the appearance of one suffering from a severe chill, but upon examination I found the skin feverish, with copious perspiration, the heart beating violently, with a corresponding weak, rapid and feeble pulse, about 120 or 130 per minute; the pupils of the eye were dilated, but responded to light; there were frequent efforts at deglutition previous to vomiting, vertigo, numbness and incoherent speech. He said that he had dyspepsia and palpitation of the heart occasionally, but he could not account for the cause of his sickness unless it was owing to four or five glasses of liquor that he had taken during the day. In answer to my inquiries as to where he had procured the liquor, it finally occurred to him that he had entered a drug store at D., which he was in the habit of frequenting, and helped himself to a *drink* of the common tincture of veratrum viride in mistake for whisky. At this startling recollection he immediately vomited profusely and was greatly prostrated. The odor of the ejected matter was sufficient to verify his statement, for the atmosphere of the apartment was strongly impregnated with the peculiar smell of the drug, also showing the immense quantity that he had taken. He also stated that after leaving the drug store he rode to the city in a wagon, a distance of five miles, entered a restaurant and partook of a hearty supper. Soon after he felt sick (vertigo), and applied for a room in a hotel, which was furnished him, and where I first saw him about two hours after he had taken the fatal potion.

The symptoms were somewhat conflicting, hav

ing a powerful arterial sedative and a stimulant contending against each other for the mastery. While the stimulant accelerated the action of the heart the sedative diminished its force, so much so that the pulse at the wrist became almost imperceptible.

The treatment consisted in the administration of emetics, which acted promptly, until the stomach was entirely emptied of its contents, then the use of laudanum and stimulants internally and morphia sulphate hypodermically; applied warmth to the extremities, counter irritants and friction to the surface of the body; but the patient continued to lie in a semi-conscious state, showing but little response to the remedies employed. The symptoms continued to increase until death closed the scene, about 11 o'clock the same night. We resorted to artificial respiration, and continued it for some time, but all to no purpose.

It afterward appeared that Mr. A. was busily engaged during the day of the 5th November, 1872, attending to election returns (presidential election), and was greatly excited during the entire day—drinking occasionally, as he himself stated, but not to excess. It was in this state of excitement that he entered the drug store and made the mistake. We did not learn whether or not he had taken veratrum viride for palpitation of the heart at any previous time, but the inference is that he probably was in the habit of resorting to this as a remedial agent for that affection, and in the excitement had committed the fatal error. Mr. A. was a man of intelligence, and seemed to feel his case a hopeless one, as was evinced by the sudden change in his mental condition at the instant that the poisoning occurred to him, when he almost sank to the floor, after which he lay as if resigned to his fate, realizing the toxic effect of the tincture.

I am of the opinion that the drug would have acted as an emetic promptly, had it not been for the admixture of the whisky, which had previously exerted its influence on the membranes of the stomach, thereby enabling the tincture to be tolerated until an excessive quantity was absorbed into the circulation, which otherwise would have been rejected and death probably averted.

R. M. Kirk, M.D.

New Brunswick, N. J., June 27th, 1879.

NOTE BY DR F. WILLARD, M.D.

I saw the case about 10.30 P.M. The retching and vomiting had been excessive, but there was no purging. The depression was extreme, extremities cold, skin cool and clammy, and while the heart's action was tumultuous, yet the circulation was exceedingly feeble: so feeble, in fact, that the pulse at the wrist was but a faint flicker. With the ear placed at the heart, I could discover 120 contractions; the feeble wrist pulse showed not more than fifty beats. The pupils were dilated, but responded to light. Consciousness was almost obliterated, but after violent vomiting he spoke intelligibly; soon afterward, however, he sank into a state of scarcely perceptible existence, and only occasionally moaned when moved. There was no paralysis, but a decided diminution in power of muscles: so much so as to render him incapable of even sitting erect. Having been freely drinking all day, it was difficult to separate the one set of symptoms from those of the other poison: a fact which may account for the apparent incongruities of phenomena in the case.

The odor of the ejecta was very characteristic, the smell of veratrum being plainly distinguishable from that of the mingled liquor and food.

The breathing soon failing, artificial respiration was commenced, and was continued for an hour and a half, long after the heart's action had entirely ceased, for the reason that whenever the chest was fully expanded a slight inspiratory action was developed, which awakened a faint hope that life might be sustained until the virulence of the poison had expended itself, and the secretory functions succeed in carrying it away. Without this artificial help, however, there were no evidences of life after 11 P.M., and at 12.30 A.M. it was abandoned.

No post-mortem was held, but the excessive, constant vomiting, the feeble circulation, the characteristic odor, the absence of purging, the great depression, the loss of muscular power, and the manner of death, justify the belief that death was due to veratrum, and not to alcohol.

The late appearance of the symptoms [illegible] the non-absorbent condition of a stomach [illegible] distended by a heavy meal and a large quantity of liquor. It is strange, however, that he could drive five miles in an open wagon, and then walk about the streets for nearly two hours, with a fatal dose of poison in his stomach.

1626 *Chestnut St., Phila.*

Inverted Toe Nail.

Ed. Med. and Surg. Reporter:—

Having read with interest an article by Dr Hickman, on the above subject, in the Reporter for June 14th, I thought I might contribute a mite to our knowledge of the means of curing this painful affection, that would possibly be new to some of your readers. I do not claim for it that it is superior to Dr. H.'s treatment, inasmuch as I have never seen his method applied. But I have never seen the operation of which I am about to speak fail, when thoroughly performed. The majority of the cases that form the basis of these remarks occurred in the practice of my preceptor, Dr. Samuel Holman, of North Parma, N. Y. He does not know with whom the operation originated: indeed, he has forgotten how or where he acquired his knowledge of it. I have never read any description of it, nor heard any except from him, hence I infer that it is not commonly done.

As to the value of thinning the middle of the nail, I can testify, both as patient and practitioner, having been in the habit of treating my own toe in that way, as well as of recommending it to those of my patients who are similarly afflicted. This, however, I regard as of more value in the early stages of the trouble than after the ulcerative process has begun. After ulceration has commenced, the plan taught me by Dr. Holman, and which I have successfully adopted, is simply the following: Introduce the point of a scalpel alongside and close to the root of the nail, transfix the soft parts and cut for-

ward, keeping the knife parallel with the side of the nail, until it passes out at the end of the toe. Now seize the end of the flap thus formed with a small pair of forceps; reverse the edge of the scalpel, introduce it in the wound at point of starting, and cut obliquely backward and inward (or outward, as the case may be), until the flap is removed, thus taking away the soft parts on the affected side. Dress the wound in the ordinary manner, instruct your patient to keep his nail properly cut, and not to wear a narrow-toed boot, and in a short time the cure will be effected. As the cicatrix forms it tends to retract the tissues from under the edge of the nail, thus overcoming in a measure the tendency to a recurrence of the trouble. An anæsthetic may or may not be used during the operation, as the courage of the patient and judgment of the surgeon may direct.

I have seen a patient faint while a pledget of lint or cotton was being inserted under the edge of the nail. The orthodox plan of removing the whole nail richly deserves the term "barbarous," as applied to it by Prof. Gross. The operation which I here recommend is not a severe one, and has the merit of being all done at once. If necessary to operate on both sides of the same toe, it can all be done at one sitting. I have heard patients say, on the third day after this operation, that they could get about more comfortably than for months previously. I do not wish to disparage the practice or teachings of my seniors, but simply ask for this little operation their consideration. W. D. O'Brien, M.D.

Kendall, N. Y., June 30th, 1879.

Found—A Critic!

Ed. Med. and Surg. Reporter:—

In the editorial columns of a recent number of a medical journal there is a request made for a critic, who shall see that all articles are rigidly reviewed, in order that our medical periodicals may contain less "bosh." In the editor's words I find it stated that when once some new treatment is started, the paste pot and scissors transfer the cream of the article from journal to journal, and it is translated into two or three foreign languages, and, perhaps, back again (as it has known to the original. It is not strange that he *should* know such instances to occur, since this identical thing has occurred in the very number of his journal in which his editorial is printed. Aye, more than that, it occurs on the page opposite his editorial, and in the column and lines corresponding to his own words quoted above. It is a translation coming through the diligent track of two well-known German journals, on "Belladonna in Collapse." This translation, for which he doubtless paid, is an abstract of a long article on the subject, which was originally published in his own pages on February 2d, 1878. Alas! how soon parents forget their offspring when they have once thrust them into the world. I do not mention this fact, sir, to disparage the journal in question, which I look for with wistful eye every time it is due, but merely to answer the advertisement, which says, "Wanted—A Critic."

A Reader of Journals.

News and Miscellany.

The American Academy of Medicine

Will hold its next annual meeting in New York city, Sept. 16th. The objects of the Academy are—

1. To bring those who are alumni of collegiate, scientific, and medical schools into closer relations with each other.

2. To encourage young men to pursue regular courses of study in classical or scientific institutions before entering upon the study of medicine.

3. To extend the bounds of medical science, to elevate the profession, to relieve human suffering, and to prevent disease.

The Fellows of the Academy must be Alumni of respectable collegiate institutions, who have received therefrom—

1. The degree of Bachelor of Arts, after a systematic course of study, preparatory and collegiate.

2. The degree of Master of Arts in accordance with the usage of these institutions.

3. The degree of Doctor of Medicine, after a regular course of study, not less than three years, under the direction and instruction of preceptors and professors. They must have also had an experience of three years in the practice of medicine.

Cremation.

The Municipal Council of Udine, in Northern Italy, has lately published a decree, in which it declares that, after having duly weighed and considered the advantages and drawbacks of cremation *versus* interment, it has come to the conclusion that the former is in every respect preferable, for the following reasons: 1. In a hygienic point of view, it is undoubtedly the best way of disposing of dead bodies. 2. It is a mark of progress, because, by making cremation optional, the individual is at liberty to choose between the two modes of burial. 3. Considered from a scientific, social, religious and sentimental point of view, no valid reasons can be brought forward against it, while many very good reasons might be quoted for it. 4. The expenses would not be heavier than those of an ordinary burial. Cremation has been long introduced, and is carried out, at Milan, as at Gotha. It is now also officially authorized in Paris. We shall be glad to welcome it in Philadelphia.

The Yellow Fever Again.

With great regret we make the announcement that the yellow fever, in epidemic form, has broken out again in the city of Memphis. The first cases were reported on the 10th inst., during the great heats of July, and as fully three months from that date must elapse before the appearance of frost, we cannot but look forward with gloomy forebodings to this summer in the lower Mississippi valley. The powers conferred upon the National Board of Health may succeed in stemming the progress of the epidemic, and no doubt will materially lessen its ravages. But when it is

remembered that this is more than a month earlier than the outbreak of the disease in Memphis last year, the prospect, at best, is a dark one.

It is probable that the Board of Health of Memphis has done the most it could do in preparing the city to resist the fever: but with a bankrupt municipality, and the accumulations of forty years of neglect and disregard of sanitary precautions, with streets without sewers and paved with rotting wooden blocks, the task was herculean. At last accounts all were leaving who could, and this is much the safest precaution to take.

We also notice that an official telegram from Lisbon, dated June 24th, announces the appearance of two cases of yellow fever at Pedrouso, a village situated about three miles from Lisbon.

The Hahnemann Medical College

Of Chicago was charged before the Illinois State Board of Health with issuing diplomas to persons who had not attended two full courses of lectures at the college. These charges were, moreover, amply proved, and finally acknowledged. Yet, on the ground of the "doctrine of equivalents," and of "testimonials," as many of which were produced as is necessary to start a quack medicine, the Board concluded by affirming the good standing of the College. This is one of the weakest acts we have yet heard of about that Board.

Personal.

—The degree of M.D., *honoris causâ*, was publicly conferred on Prof. Lister, by the University of Dublin, on June 26th.

—Doctors Schneider and Smith, of the Cleveland medical faculty, have been fined $500 each and costs, and the Janitor $250 and costs, for concealing the body of the late Edwin French.

—Dr. H. R. Storer, the well-known gynæcologist, who formerly resided in Boston, but who now lives at Newport, Rhode Island, was, on the 8th of June, baptized into the Roman Catholic Church.

—Dr. Neubauer, the well-known joint author with Professor Vogel of "An Introduction to the Qualitative and Quantitative Analysis of the Urine," a work translated in 1863 for the New Sydenham Society, and recently republished in this country, died at Wiesbaden on June 2.

Items.

—The Paris initiative committee for the consideration of a proposal to enforce a diminution of the hours of labor in factories from twelve to ten hours, has decided in favor of the latter.

—At a meeting of the Butler Co., Iowa, Medical society, the following officers were elected for the coming year: President, Dr. Spooner; Vice President, Turner; Secretary, Boucher; Treasurer, Isherwood; Censors, Dudley, Young and Powers.

—Two first-class British ocean steamships are now plying between Baltimore and Halifax, for lack of anything better to do, to give invalids and tourists a cheap and brief ocean trip, with all the belongings of a regular passage over the Atlantic.

—The members of the medical profession in Berlin have established, in commemoration of the Emperor's golden wedding, a fund for the benefit of distressed members of the profession in that city, and their widows and orphans. The capital sum contributed was about $3000.

MARRIAGES.

BIDDLE—McKENNAN.—On Thursday, June 19th, at Trinity Church, Washington, Washington county, Pa., by the Rev. Dr. Earp, Alexander Williams Biddle, M.D., of Philadelphia, and Annie, daughter of the Hon. William McKennan, Judge of the United States Circuit Court of Pennsylvania.

GREEN—BURK.—June 11th, 1879, by Friends' ceremony, G. D. Green, M.D., of Media, and Annie Warner Burk, of Philadelphia.

HOFF—ATLEE.—On the 17th ult., in St. Mark's Church, this city, by the Rev. E. A. Hoffman, D.D., George A. Hoff, of Waterloo, Iowa, and Margaret H., youngest daughter of the late Washington L. Atlee, M.D.

HOWELL—KNOX.—June 5th, 1879, in Freeport, Harrison County, O., by Rev. M. C. Grimes, assisted by Rev. J. K. Grimes, Dr. J. G. Howell and Miss Mary J. Knox, both of Freeport, O.

LACY—KLINE.—On the 29th of May, 1879, in Grace P. E. Church, by the Rev. Dr. Suddards, assisted by the Rev. Mr. Ashton, Fred. C. Lacy, of Allegheny City, Pa., and Lillian A., daughter of Dr. R. H. Kline, of Philadelphia.

LENKER—STODDART.—At Wilkesbarre, Pa., June 5th, by Rev. F. B. Hodge, Christain Lenker, M.D., of Columbia County, Pa., and Mary, daughter of the late John Stoddart, Esq., of Wilkesbarre.

LEVY—PALMER.—At Grace Church, Orange, N. J., on Tuesday, the 10th inst., by the Rev. James S. Bush, of West Brighton, Staten Island, assisted by the Rev. Dr. Schuyler, Rector of the Parish, Dr. Frederick Arthur Levy and Margaret I. Reynolds, daughter of the late Hunloke W. Palmer.

MURDOCK—DILLINGHAM.—In this city, on the 26th ult., by the Rev. Dr. George Dana Boardman assisted by Rev. Dr. J. N. Murdock, Annie, daughter of Dr. S. Dillingham, and Joseph B. Murdock, U. S. Navy.

NEFF—LUDLOW.—On the 12th inst., by Rev. J. A. Henry, D.D., Dr. Joseph S. Neff and Miss Hattie L. Ludlow, both of Philadelphia.

PURSELL—BARTOLETTE.—In Milford, N. J., June 4th, by Rev. Isaac M. Patterson, Howard Pursell, M.D., of Bristol, Pa., and Nellie C., daughter of the late Charles Bartolette, M.D., of Milford.

RANKIN—SERVIS.—June 5th, by Rev. J. S. Beckman, R. M. Rankin, M.D., of Hopewell, N. J., and Miss Laura S. Servis, of Reaville, Hunterden Co., N. J.

RUSHMORE—HAFF.—On Wednesday, June 4th, 1879, at the residence of the bride's parents, Hempstead, Long Island, by the Rev. Charles E. Miller, Edwin C. Rushmore, M.D., and Mary Ella, daughter of Benjamin A. Haff, Esq.

SABINE—BARDWELL.—In Newport, Vt., June 11th, by Rev. E. P. Abbott, Dr. Silas A. Sabine and Clara A. Bardwell, both of Claremont, Vt.

VANUXEM—PFEIFFER.—At Camden, N. J., in the Second Presbyterian Church, June 19th, by Rev. L. C. Baker, Henry Vanuxem and Marie, daughter of G. S. F. Pfeiffer, M.D., all of Camden.

WOODS—HUNTZINGER.—In this city, on the 19th ultimo, by the Rev. A. W. Williams, Dr. Matthew Woods and Emily L. Huntzinger, both of this city.

WOOLSEY—CUNNINGHAM.—On the evening of April 13th, by Rev. L. B. Hughes, M.D., at the parsonage of Twenty-eighth Street M. E. Church, No. 1218 N. Twenty-seventh Street, William F. Woolsey, M.D., and Miss Mary Cunningham, both of Philadelphia.

THE

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Communications.

THE ANTISEPTIC TREATMENT OF WOUNDS.

BY GEORGE HALSTED BOYLAND, A.M., M.D.

(*Concluded from Vol. xxxix. p. 336.*)

The addition of almond oil in solution with carbolic acid (1 : 10) is advocated by Prof. Neudörfer, who prefers, instead of lint or charpie, undressed calico dipped in this and spread over the entire surface of the wound: he speaks also of catgut, used as a ligature, and left to heal in the wound. We are prepared, with him, to believe that the catgut in the human body dissolves, and thus possesses an advantage over all other ligatures. The salicylic acid and benzoic acid dressings occupy second and third places with Neudörfer, who has further employed as a dressing sugar, also in form of syrup, and with not unfavorable results. In his opinion the open treatment of wounds cannot compete with the antiseptic method, as the first has relatively circumscribed limits, does not allow prima intentio, and is in itself not sufficient for cicatrization, for which it is rather necessary to bring on other means; moreover, the time required in healing is longer; on the other hand, it is admitted that the open treatment of wounds is simpler, and that pyæmia, septicæmia and nosocomial gangrene do not occur. Certainly, there are cases in which the open treatment is impossible. The question as to whether germs or particles floating in the air would not be more likely to settle in a wound thus treated might be discussed with a view to ascertain whether it is best to use such a method at all or not.

Experience and our own judgment must be the guides as to what method to employ in the treatment of wounds in general. Such treatment ought, of course, to vary according to the nature of the case presented. It will be found that certain small wounds and ulcers, for instance, unimportant cuts or abrasions, some varieties of herpes, heal best and quickest when absolutely left to themselves; it being evident with such that the germs or particles floating in the air, even though foul, are caught in the serum, which becomes thickened and forms a crust, now protecting the wound; because the surface is so small and the septic molecules so minimal that they are comparatively harmless.

As to the treatment of larger wounds (and here we consider only clean cut wounds, even edged wounds, such as are made by knives), the most successful plan will perhaps be found in uniting the edges with adhesive plaster, placing a suture or two, or as many as may be necessary, first, and over the plaster a dry compress, held in place by a roller bandage. If the patient complains, after several hours, of burning, let him or her take a sponge wet with cold water, and squeeze it for a few minutes above the bandages, in such a manner that the water will trickle down under them. There is nothing that relieves the sensation of burning, under such circumstances, quicker than cold water without any ingredient whatever. Spring water is preferable when it can be obtained conveniently and fresh.

The third class of wounds, embracing all large irregular wounds, from a variety of causes, such as compound fractures, wounds from boiler explosions, bites from animals, etc., should, without doubt, all be treated on the antiseptic principle.

varying the method according to the nature of the wound. Enough proof has been adduced to establish the advantage to be derived from pursuing this course. Whatever treatment we employ, whether it be the so-called open treatment or the treatment by occlusion with adhesive plaster, bandages and cold water, or the antiseptic method, this rule should be observed: "*that the simpler the dressing the better the result; with one good antiseptic and cleanliness we accomplish all.*" (Page 114, "Antiseptic Treatment of Wounds," Boyland.) The compound antiseptic dressing briefly mentioned in this article gains us nothing more, and throws us into doubt as to which of the two antiseptics employed is the most effectual, or as to whether both are equally so, thereby making their intensity double, and influencing thus both the wound surface and the time required in healing. Again, have we antagonism or synergy? One thing we certainly do not possess, and that is, much experience, practical or literary, in the compound antiseptic treatment of wounds. With reference to the technic of the treatment in question, not only Lister himself, but many of his followers, have altered much. In the first place, Thiersch has obtained good results by substituting salicylic for carbolic acid. Thus far his innovation has found few adherents, and some surgeons, for example, Bardeleben, of Berlin, have thrown aside salicylate. The simplest modification of Lister's bandage was introduced by Bardeleben, and consists in carboljute. Boric acid and benzoic acid have, until the present moment, been too little employed in surgery to estimate their value. In oncotomy and compound fractures the antiseptic method is very favorable; also in diseases of the joints, which we can incise more boldly than formerly; in amputations it seems to procure for the patient a better stump than either of the other methods, and the prima intentio is an advantage by no means to be undervalued. Of especial importance are, further, the spray, the catgut ligature and the drainage. We prefer the system of drainage by counter openings, and Chassaignac's caoutchouc tube, being more pliable, better for the granulating surface and more agreeable to the patient, than his silver tube. Finally, it must be admitted that Lister's method has gained more and more ground, and has more intellectual support than opposition; notably, of late, have German surgeons done much to enlarge upon the method and bring it into general practice. The antiseptic treatment of wounds is a great advance in practical surgery, whether the theory upon which it is based be right or not; if, still further, able to hinder secondary (so-called accidental) wound diseases, it is perhaps the greatest.

This antiseptic treatment can be easily employed in private practice, where it will be found very efficacious; but the hospital is the place where it benefits most, and where it diminishes in a great degree the danger of infection among surgeons and nurses. But a few of the best known and most employed antiseptics have been selected, merely as types of a large class, in choosing from which the surgeon must be guided by his own judgment and experience.

REMOVAL OF A FIBRO-CELLULAR TUMOR FROM THE LEFT CAROTID TRIANGLE.

BY N. B. KENNEDY, M.D.,
Of Hillsboro, Texas.

On the morning of the 29th of May, 1879, I was called thirteen miles into the country, to remove a tumor from the neck of Joe Doyle, a young man, twenty-six years of age, of thin habit, small size, and of a nervo-bilious temperament. On inquiry, I learned his health had always been good, and none of his ancestry had ever had a tumor of any kind.

On examination I found a tumor about the size of a hen egg occupying the apex of the left carotid triangle. I diagnosed it to be of a glandular or adenoid variety. A small tumor about the size of a split pea was in front of the thyroid gland, and another about as large in the epigastric region.

From the patient I obtained the following history: About four months since he noticed a growth in the carotid triangle. It was quite small, and as it gave him no pain, he paid very little attention to it. About two weeks afterward he noticed the others mentioned. The tumor in the carotid triangle grew rapidly. Three or four weeks ago he began to suffer excruciating pains, especially at night, so much so as to deprive him of sleep. There was also hemiplegia of the whole of the left side, accompanied with peculiar sharp, lancinating pain, worse along the course of the femoral nerve. He now sent for two physicians, who immediately commenced to apply rubefacients and resolvents, with the hope of dispersing the tumor, but in vain.

He now sent for me, as a last resort, to come and remove the tumor. I would remark in passing, in my experience excision is the only remedy for glandular or fibro-cellular tumors;

and they very seldom recur after excision. While excision is the only remedy, it should never be done when the tumor is growing slowly, is not producing pain from nerve pressure and is not in a position to disfigure the patient. The patient, being placed upon his back on a single bedstead, upon a mattress, between two doors (where he could obtain fresh air), with the head turned to the right side so as to put the anterior border of the sterno-cleido-mastoid muscle upon the stretch, I proceeded with the operation.

Dr. Finch, a physician living near, kindly assisting me, gave the anæsthetic, chloric-ether, which I beg leave to state here I have used in hundreds of cases without any fatal effects, and I think it by far the safest anæsthetic we can use. The patient now being fully under its influence, I proceeded by making an incision over the tumor in a line with the anterior border of the sterno-cleido-mastoid muscle, about two inches and one-half in length, through the skin and cellular tissue, severing several small superficial arteries, which I twisted; I then made a transverse cut at right angles to the first, thus completing a crucial incision. After exposing the capsule of the tumor, I endeavored to enucleate it with my finger, but failing in this, I resorted to the handle of my scalpel, but finding the tumor bound down by very firm bands of adhesive fibre, I was forced very slowly and carefully to dissect the tumor out, severing a number of small arteries, one of which I was compelled to ligate. After dissecting the tumor down on both sides and wiping away all blood, I could see the sheath of the carotid artery, and I knew, by the great resistance met with in trying to tear the tumor away, that it was attached to the artery. I therefore pared away the tumor from the artery, cutting as near as I dared, and then applied pure carbolic acid to the small portion remaining attached. I then sponged out the wound with a ten per. cent solution of carbolic acid, and in a short time had the satisfaction of seeing all venous oozing cease.

Before closing the wound I called the attention of Dr. Finch to one of the prettiest views of the great vessels lying in the carotid triangle it has ever been my pleasure to behold in the living subject, consisting of the descendens noni nerve in front of the carotid artery, and the artery behind the nerve, and the internal jugular vein, external to the artery, and by pushing the artery to one side, the vagus nerve.

The wound was brought together by two interrupted sutures, and carbolized lotions applied. The patient reacted promptly from the anæsthetic.

The tumor proved to be internally of fibrous tissue and externally of cellular tissue. It weighed nearly half a pound, and was of a very firm texture. The patient did well.

In conclusion, I would repeat, and especially urge upon young surgeons, never to remove a tumor when it is growing slowly, and which is not producing any nerve pressure, and not so situated upon the body as to produce deformity.

THE GERM THEORY AND DISEASE GERMS.

BY CHARLES T. REBER, M.D.,
Of Shelbyville, Ill.

Puerperal fever, erysipelas, some forms of pneumonia, scarlatina, diphtheria, "milk sickness" and a few others among the constitutional diseases are now reasonably proven to be caused by disease germs. They are recognized as infectious diseases. The germs that cause these diseases can reproduce themselves, and to an unlimited extent. There is an endless multiplication of living organisms. One of the most striking characteristics of infectious diseases is their specificness, as shown by the fact that always, and under all circumstances, a given disease is solely due to a given kind of morbid agent or cause. When infection has taken place the specific disease is certain to follow, and it is uniform and unvarying in its symptoms and in its course. Diseases produced by disease germs have as complete correlation between cause and manifestation as there is in poisoning with chemical agents.

There are no such positive and uniform effects, no such constancy in the relations between cause and manifestations, in the so-called malarial and other diseases. Exposure to the same degree of cold will cause various affections, according to the individuality of the persons attacked; one person may have a tonsillitis, another bronchitis or pleurisy, diarrhœa, toothache, rheumatism or many other affections. The same is true in regard to the so-called malarial diseases. Exposure to the same cause produces in one a periodic frontal neuralgia, in another a facial paralysis, syncope, periodic emesis or diarrhœa, dysentery, enlargement of the thyroid, liver or spleen, epistaxis, palpitation, or other derangements of the heart's action, asphyxia, jaundice, intermittent, remittent and other forms of fever, or one of many other diseases. In the manifestations produced by this cause there is no uniformity, nothing specific, in incubation, attack, course, or any other character or aspect. The manifesta-

tions from the so-called malaria have no specific character, any more than those which result from undue exposure to cold, or than those that result from the violation of the general laws of health. Neither are the products, secretions, blood, nor any of the constituents of the body of a patient sick with a so-called malarial disease infectious or contagious, nor do they become so upon exposure to the atmosphere, under any circumstances. We can understand that if gemiasma, biolysis typhoides, or any similar germ, be the cause of a contagious fever, the germs may make their escape from the body through one or other outlet, the surrounding atmosphere becomes contaminated, and that persons exposed are liable to be attacked by the same disease. But if so-called malarious diseases are caused by similar organisms, what becomes of the germs? They must leave the patient or he could not recover. They do not infect the atmosphere or the clothes of the patient, or the disease would be spread by them.

"If, after reproducing itself to such a marvelous extent within the body, the whole mass of vegetation, plant and germ, parent and offspring, suddenly ceases to exist, what puts an end to its life? and what becomes of the debris?"

"Again, if, after passing through the human body, these germs be incapable of reproducing themselves, they must necessarily exist independently in the atmosphere of every malarious locality; they must, therefore, in hot climates, thrive in marshes and swamps, in parched, sandy deserts, and upon barren rocks; they must flourish and be in their fullest vigor when the air, as well as the earth, is perfectly dry and parched, and all perceptible vegetation is burned up, and also when both the soil and the atmosphere are saturated with moisture, and scoured by tropical rains; the winds blowing down from snow-clad mountains too, must be loaded with these germs, as they often bring malaria in their train. And yet, in temperate climates the same vegetations must be confined to the vicinity of marshes."

The so-called malarial diseases have nothing specific in their nature. Therefore, they are not caused by a specific or infectious cause. All disease germs produce specific infectious diseases. Consequently, the so-called malarious diseases should not be classed among infectious diseases. There is no such disease as a miasmatic infectious disease in contradistinction from any other infectious disease.

As far as my knowledge extends, no author of a text book on the practice of medicine endorses the doctrine that malarial diseases are produced by disease germs.

IODIDE AND BROMIDE OF POTASSIUM IN ALBUMINURIA.

BY J. W. COMPTON, M.D.,
Of Evansville, Ind.

Many good remedies may have a much wider range of therapeutic usefulness than is usually accorded them. The iodide of potassium has for the past ten years, in my hands, exhibited well-marked good effects in the treatment of albuminous nephritis.

In 1869 E. S., age thirty-five, presented himself to me for treatment for a chronic renal trouble. At this time he exhibited well-marked œdema; much swelling from effusion in the cellular tissues, particularly of the lower limbs and face. Obtaining some of his urine, and submitting it to the usual tests of heat and nitric acid, it became almost solid albumen, and having but slight hope of anything more than mere temporary relief from the ordinary course of diuretics recommended in such cases, and having my attention about this time called to the successful treatment of Bright's disease by iodide of potassium, I determined to try this old remedy in a new rôle.

The patient was directed to take, in solution, ten grains iodide of potassium four times per day, and to increase this dose daily, up to the largest amount tolerated by the stomach and mucous membranes. The patient proved to be a good subject for the free administration of the remedy. The quantity taken per day was gradually increased, until it reached the unusual amount of three drachms daily, and before he ceased taking the remedy he informs me that the renewals of the prescription had cost him over one hundred dollars. These large doses brought out, to almost a troublesome extent, the characteristic red eruption on the skin, particularly on the lower extremities. At this stage I had the pleasure of seeing the dropsical effusion disappear, and the patient restored to perfect health. He is an active business man to-day, and his recovery can, with much certainty, be traced to the remedy in question, as he took no other medicine during the time. For the first year or two he had occasional returns of swellings of the extremities, which were in a short time relieved by resorting again to the remedy.

More recently there appeared under my observation similar good results from the administration of bromide of potassium in albuminous urine. Bromide of potassium possesses alterative and resolvent properties similar to those of the iodide, and in many forms of disease complicated with albuminuria will be found preferable

to its congener. In addition to its acknowledged strong eliminative powers, it possesses physiological properties similar to those of other potassium salts: yet its action on the nervous system and upon the circulation are so far diverse as to give to it some entirely different therapeutic properties. Its quieting control over cerebral excitement, and under certain forms of nervous excitement constituting unrest and other forms of nervous derangement, often render it a valuable substitute for the iodide. These various forms of nervous conditions are familiar to the profession, need not be repeated here, and not wishing to occupy space unnecessarily, I deem it quite sufficient to call the attention of practitioners of medicine to the therapeutic indications of two valuable agents in the treatment of a disease in which I am led to believe these remedies are not generally administered, and which so frequently baffles our best efforts as to make it desirable for us to have access to all therapeutic agents that promise permanent benefit.

FRACTURE OF SKULL, WITH DEPRESSION—REMOVAL, WITH COMPLETE RECOVERY.

BY E. W. RUSH, M. D.,
Of Paris, Texas.

On the 2d of August, 1878, Oscar Anderson, aged eight years and three months, was thrown from a wagon drawn by two horses, that became frightened at the street cars, his head striking the railroad track. The little fellow was at once picked up and brought to my office (opposite the place of accident). There was considerable shock, but the smelling bottle and a dose of brandy was equal to the emergency. After this my attention was directed to the hemorrhage. From the character of the blood I was satisfied that it came from the middle meningeal artery. On examination I found, situated over the left side of the parietal bone, a very small incised wound, half an inch in length, through the scalp, laying bare the skull, my probe revealing a fracture of uncertain solution; therefore, after shaving the hair from the scalp, I enlarged the wound and exposed the seat of depression. Dr. Hooks was now called to see the case with me. After examination, the operation of trephining was determined upon.

At 4 P.M., after reaction had been fairly established, we proceeded to operate, assisted by Drs. Hooks, Fort and others. An anæsthetic was given, the incision was enlarged, in shape of the letter Y, thus revealing the extent of injury. We removed, by the aid of a hook and elevator, a depressed bone, elliptical in shape, two inches in length by one inch in width, running at an oblique angle from the parietal to the occipital bones, crossing the lambdoid suture at its left half. The detachments were composed of about one-quarter of the occipital and three-quarters of the parietal bones. Besides this there were two other smaller pieces, that were driven downward and upward (on the corresponding sides of the fracture), under the parietal bone, that required great care to remove, and then not until a piece from above was taken away by the saw. These spicula of bone were each about one inch square, and of a finger nail shape, thus wounding the membranes as well as the brain itself, as was evinced by the escape of the latter. We also believe that they did the mischief to the meningeal artery that occasioned so much hemorrhage in the onset of the accident. The fracture did not stop here, as was at first presumed, but a rent continued its course quite through the parietal, to the squamous suture of the temporal bone; in all, making the extent of fracture some five inches in length. After the hemorrhage ceased the parts were cleansed with weak carbolated water, the scalp adjusted, and secured by six interrupted silk sutures, afterward supported by a cold compress and roller, the little fellow was comfortably placed upon a cot in one room of my office, the recumbent position strictly enjoined. I am indebted to several ladies (a corps of intelligent nurses), who volunteered their services in this case, and doubtless by their care and attention, bestowed by day as well as by night, greatly assisted in restoring this little sufferer. Ice bags were freely used around the head, carbolated ice water over the seat of the wound. Bromide of potass. and tinct. digitalis, in appropriate doses, were relied upon to control the nervous excitement; drastic catharties, as a derivative to the brain; those preferred in this case were, ext. podophyllin, colocynth, pulvis. jalap, judiciously combined and made into powders. Dose, one to be given every night. Alimentation the mildest, such as milk, cold broths, etc., taken in small quantities and often. This was our general plan of treatment, which continued for several weeks, but the little patient convalesced, and the stitches were removed from the wound, on the tenth day. The greater part of the wound had healed by first intention; the remainder was treated by carbolized oil dressings, and supported by adhesive plaster strips. Subsequently to the operation his temperature never exceeded 100; his mind remained intact (he was a very sprightly

lad, and manifested great concern in getting well); there was not the least untoward symptom observed in the after treatment, all of which tended to a speedy and complete recovery.

What conclusions should be drawn from this case? Was all this kindness due to a thorough depletion from the meningeal artery at the ontset? And what are the probabilities of future derangement, either by non-closure or redevelopment of bone?

ASPARAGIN.

BY MARY J. MATLACK, M.D.,
Of Raleigh, W. Va.

Asparagus is well known as an indigenous plant in Europe, and one largely cultivated there and in America as an article of food, the young shoots being the part of the plant used. Some attention has been given to its medicinal properties and uses. As a remedy, both the shoots and roots are employed, from which a tincture or syrup is prepared; there is also an active principle, asparagin, obtained from the juice of the plant. It acts as a sedative, reduces the heart's action, and has been of service in cases of hypertrophy of the heart and other diseases of that organ, attended with excessive action. I have prescribed it in cases of headache, where there is a sense of fullness of the eyes and general congestion experienced, with satisfactory results. Its leading virtue, however, is a diuretic; it imparts its characteristic odor to the urine, and causes copious diuresis. Asparagin is obtained from the plant by the process of dialysis, and is particularly serviceable in hypertrophy of the heart. I have found the following formula of intrinsic value:—

R.	Asparagin,	grs. x	
	Bromide potass.,	ʒ ij	
	Sacch. alb.,	ʒ iij.	M.

Sig.—Make ten powders, one thrice daily.

In dropsy dependent on disease of the heart it is one of the best remedies, given in doses of one grain three times a day. In lithic acid diathesis and chronic gout it is especially indicated. Its primary action, in doses of from one to five grains, is powerful in quieting the function of the brain and spinal cord, and nervous irritation generally; its secondary action is upon the blood, as a depurant, stimulating the skin, kidneys and serous tissue of the bowels. In this way it becomes a valuable alterative and diuretic. As your journal is a widely read medium, these few remarks on the remedy may be acceptable to the profession through its pages.

Medical Societies.

COLLEGE OF PHYSICIANS AND SURGEONS, PHILADELPHIA.

At the regular meeting in May a paper on

Recoveries from Mental Disease

was read by Dr. Isaac Ray. He said:—

Respecting the curability of insanity, a wide difference of opinion has always existed, and notwithstanding the improvements made of late years in the care and treatment of the insane, this difference seems to be as wide as ever. It might be supposed, at first sight, that the establishment of hospitals for the insane would have furnished the requisite information, but the only effect these institutions have had thus far, has been to give us a keener sense of our ignorance of the matter. A new phase of the subject has been presented by Dr. Earle, Superintendent of the Hospital for the Insane at Northampton, in his recent Reports, and so confident is he of the correctness of his conclusions, and so many are the commendatory notices he has received, both at home and abroad, that they are entitled to a careful examination.

In his last as in his two next preceding reports, Dr. Earle has examined the matter of recoveries as exhibited in the statistics of our hospitals for the insane, and has been struck by some things so different from what might have been naturally expected, that he is led to seek for an explanation. He finds, as a general fact, that thirty or forty years ago the proportion of recoveries, or cures as they are sometimes called, was much larger than it has been of late years, and he proceeds to explain the fact in a way that is ingenious, if not satisfactory. It cannot be denied that to the observer of our own day the record is somewhat startling, for while it appears that once almost every patient recently attacked recovered, our statistics show that now, taking our hospitals together, hardly half of them have been so fortunate. This remarkable difference Dr. Earle attributes to two sources of error committed by those who reported the larger proportion of recoveries. One of them he describes as "the special characteristics of the person reporting them—his temperament, his constitutional organization, his psychological individuality." In another place he says, alluding to the medical officers of hospitals for the insane, "they are men 'with like passions as other men.' Self-interest, in some instances, and ambition in perhaps all—that ambition, at least, which is manifest in the desire to show as fair a record and as favorable results as are exhibited by colleagues in the specialty—have probably not been wholly inoperative in reporting recoveries from insanity, even though unconsciously to the persons producing those reports." I am not disposed to deny the correctness of the general principle here stated, but I do question whether it has had all the influence which is here attributed to it. Dr. Earle thinks it has sometimes led to a difference in the number of recoveries as reported, amounting to 25 per cent.

Again, Dr. Earle says that "the reported

recoveries from insanity are increased to an important extent by repeated recoveries from the periodical or recurrent form of the disease in the same person; and consequently the recoveries of persons are much less numerous than the recoveries of patients or cases; and consequently, from the number of reported recoveries of cases, or patients, it is generally impossible to ascertain the number of persons who recovered." After showing that these reasons are inadequate, Dr. Ray proceeded:—

As, then, neither the temperament of the physician, nor the repeated counting of periodical cases, accounts for the larger proportion of recoveries, in the earlier times, we must look for the explanation in another direction, and we shall find it in various agencies that have come into operation in later times.

Fifty years ago, when State hospitals for the insane began to be established, the main purpose for which they were to be used was that of receiving the insane inmates of the jails and almshouses, whose sad condition had arrested the public attention. It was not long before the benefit of hospital treatment became so obvious that it began to be sought for other classes of the insane, slowly increasing at first, with the slow growth of confidence. As might have been expected, the earliest of these was that of the violent and dangerous cases, that could not be restrained by any domestic arrangements consistent with comfort or decency. Even for the care of such it required a little more than an average intelligence and freedom from prejudice to see in the hospital one of the improvements of the age, destined to meet a fearful exigency in the human condition. It was not until a later period that patients of a different character—the quiet, the desponding the melancholic—resorted to the hospital. They had excited no fears, and conformed somewhat to the domestic requirements. There was no pressing necessity for their removal from home, and the superior fitness of the hospital for the care of such cases was seldom recognized. Now, we all know that in the form of disease first mentioned we have the largest proportion of recoveries.

And this result was promoted, unquestionably, by a circumstance too much overlooked in these discussions concerning the curability of insanity. Fifty years ago the country furnished a larger proportion of patients, as compared with the city, than it ever has since. Their general health was not appreciably impaired; they had spent their days working in the open air, and their natural forces had not been weakened by sensual indulgences. They were in the best possible condition to meet the inroad of mental disease. During this period a remarkable change has been going on in the distribution of our population. It is estimated on good authority that one-third of our population live in cities of 50,000 or more. Seventy-five years ago there was not one city of that size, and fifty years ago there were not more than ten. This great change in our social condition has been accompanied by a steady depreciation of the conservative powers of the constitution, strongly manifested in the physical condition of the patients admitted into our hospitals for the insane. The number attributed to ill health in the table of causes usually given in the annual report has been steadily increasing.

No array of figures, however, can convey such an impression of this remarkable difference as that derived from a personal observation embracing the whole period. Dr. Bell had good reason for saying, in his Report of the McLean Asylum, for 1840, "That the records of this asylum justify the declaration that all cases certainly recent—that is, whose origin does not, either directly or obscurely, run back more than a year—recover under a fair trial." In quoting this passage Dr. Earle admits, to use his own words, that "no abler man, intellectually, and no more conscientious man, morally, has been engaged in the speciality of psychology" in this country, and this being so, we are left in the dark how to explain this statement of Dr. Bell, which Dr. Earle must regard as gross exaggeration of the truth. It might be attributed, perhaps, to the influence of a sanguine temperament and the practice of curing the same person more than once, did not the sequel, as given by Dr. Earle himself, suggest a very different reason. It seems that in after years Dr. Bell reported a much smaller proportion of recoveries, the proportion pretty steadily diminishing during the latter fifteen years of his service. That is to say, as the community became more and more enlightened as to the beneficent purposes of the asylum, it was more and more resorted to by patients of the less violent kind, and by others affected by those incurable forms of the disease, whose care could be merely custodial. And this leads us to an incident in the history of insanity that must not be overlooked in our estimates of curability.

About forty years ago, when our country was rising from the financial depression that began in 1836, and the means of intercommunication had been greatly increased by railways and ocean steamers, a change began in the social habits of our people, as just intimated, manifested in a distaste for the quiet pursuits of a country life, in surrendering to the allurements of the city, and plunging into the struggle for the great prizes of life. The vitiated atmosphere of crowded streets and dwellings, the seductive appliances of ease and luxury, the mental strain required in the race of competition, the tumult of emotion under the frequent alternations of fortune, all these serve to lower the conservative forces of the system and invite the invasion of nervous disease. The tables of mortality tell the story in the figures assigned to apoplexy, paralysis, and cerebral congestions, and the records of our census show it in the steadily increasing amount of insanity in the last semi-centennial period. Not only did insanity become more frequent, but it also became less curable. And even new forms of disease appeared, and the wards of our hospitals were pervaded by a class of cases utterly unknown before. But little more than thirty years have elapsed since that remarkable affection, general paralysis, became known to American physicians, and there is no reason to suspect that it had been previously overlooked. Dr. Bell, who first observed it in Europe in 1845, satisfied him-

self, after a most thorough examination of the case books of the McLean Asylum, that up to that period no instance of it had been observed in that institution, though since then it has been frequent enough.

And we have now other cerebral affections which, once seldom seen in our hospitals, are no longer an extraordinary sight. I refer to those cases which seem to be closely affiliated to general paralysis, but do not present some of its characteristic symptoms. The same may be said of another affection, passing under the various names of Bell's disease, acute delirium, and typho-mania, which is eminently and speedily fatal. In these forms of cerebral disease the patient is insane, certainly, but the insanity is only an incident accompanying a deeper and graver affection, and they, of course, swell the death record, and to the same extent lessen the proportion of recoveries. Now, therefore, in considering the question in dispute, we shall leave out of the account a very important factor if we overlook this change in the pathological character of mental diseases.

Before leaving the subject I take the opportunity of saying that the experience of our hospitals, as given in their annual reports, is a fallacious test of the curability of insanity. Between this objective result and the facts on which it seems to be founded, there is really no necessary relation. If we had a right to believe that every patient discharged as *improved*, *unimproved*, or *stationary*, was incurable, then we might take the construction usually placed on the record. But we well know that such discharges indicate not the incurability of the disease, so much as the impatience, or perversity, or straitened means of the friends. Nothing can be further from the truth than the idea that they represent the results of a fair trial of hospital treatment. It is not at all unlikely that under such a trial of recent cases at least twelve or fifteen per cent. would be added to the number of recoveries. In order to approach a correct estimate of the curability of insanity, two requisites are still needed, viz., that every case should have a fair trial, and that the subsequent history of every case discharged should be ascertained. Without these, and we are not very likely to have them in our day, we can never have an estimate of the curability of insanity with any claim to scientific accuracy.

These, then, I believe, are the points which I have fairly made, viz.:—

1. Those qualities of temperament which lead men to unduly magnify their achievements are as common at one time as at another.

2. The practice of reporting cases instead of persons has not been confined to any particular period, and therefore, while it may vitiate our estimate of the curability of insanity, it cannot make the proportion of recoveries larger or smaller at one period than at another.

3. Cases marked by high excitement entered our hospitals in a larger proportion to those of an opposite character fifty years ago than they do now.

4. Under the influences of highly civilized life the conservative powers of the constitution have somewhat depreciated, and to that extent impaired the curability of insanity.

5. During the last fifty years cerebral affections in which insanity is only an incident have been steadily increasing, and thus diminishing the proportion of recoveries.

A paper was presented by Dr. R. P. Harris, describing a

Case of Congenital Ventral Gestation,

the subject being a girl, six years old, who recovered after the discharge of the fœtal mass from the abdomen, and lived seventeen years. It was reported on behalf of Dr. John L. Atlee, of Lancaster, Pennsylvania, with remarks on the condition in question.

The subject of the anomaly in question was Ann, daughter of Mr. Solomon Oswald, of York, Pennsylvania, aged six years, who presented in very early childhood an appearance of irregular conformation and enlargement of the abdomen. She was of delicate build, with fair complexion, light hair and eyes, and belonged to a consumptive family. In the progress of her disease an abscess formed in the lower portion of the epigastric and upper part of the umbilical regions, which opened, and a mass presented itself, which in time protruded through the abdominal wall. The physicians of York, fearing to explore this, applied ligatures on several successive occasions to the protruding portion, with the effect of removal by strangulation; under which process a very offensive effluvia was given out. Soon after these removals the whole remaining mass escaped, and this was preserved in a bottle of alcohol. It was then discovered that the inclosing sac still contained a mass of hairs, and as the patient was by this time in a very low state, she was carried upon a pillow to Dr. Atlee's, in Lancaster, for his professional advice, and the specimen in the bottle submitted to him for opinion. This was in the summer of 1844.

Dr. Atlee found a weak, delicate, emaciated girl, with an abdominal fistula, and hair protruding from it. He removed the hair, and having washed and dried it, found that it weighed two drachms. It was soft, light colored, and of varying lengths, the longest portions measuring from ten to twelve inches. After the cyst was emptied of its contents the girl's health began to improve, but it was soon discovered that the sac in some way communicated with the stomach, as evinced by the escape of articles of food through the fistula. Dr. Atlee writes: "Notwithstanding the care which was taken to allow nothing to be eaten but soft and easily digestible food, she had been so much indulged previously that she insisted on having berries, and green corn: and I well recollect, on one occasion, seeing a large quantity of whortleberries, and on another, of grains of Indian corn, which passed in that way."

When her general health had sufficiently improved the child was taken home, and attended to by her father, who was a very intelligent druggist. The cyst gradually contracted to a fistula, which continued open until she was fourteen or fifteen, when it closed up, leaving a button-like projection about the size of a quarter-dollar, which has always remained. The girl developed into a fine and handsome young lady, menstruated at the age of twelve, and continued to be

regular until she fell a victim to phthisis pulmonalis, at the age of twenty-three.

The mass contained in the bottle was sent to Philadelphia to be dissected and prepared by the late Prof. William R. Grant, by whom it is described as follows, in Atlee on Ovarian Tumors, page 199.

"The tumor, at first sight, appears to be an amorphous mass; . . . the upper and back portion, resembling in structure the scalp, is covered at present with a few scattered straight hairs. Its size is 3½ inches in length and 2 in greatest width; weight 2 ounces. Anterior to the scalp is an irregular horizontal fissure, supposed to be the rudiment of a mouth. Below this are three perfect temporary teeth, loosely attached to the soft parts or gums of the lower jaw. The exposed and prominent teeth are lateral incisor, bicuspid, and molar, superficially resting on alveoli of an imperfect jaw, within the body of which are imbedded one or two rudiments of other teeth, seen through an opening at the base. The maxilla has a ridge corresponding with the symphysis: it is movable on the left but anchylosed on the right side."

"Within the mass I have traced, with some difficulty, a skeleton, tolerably perfect, though considerably distorted. The cranium, which is large and hard, is united to a short but thick spine; the latter, inflexible, curved backward, and imperfect behind, constituting the malformation known as *spina bifida*, with ridges corresponding with the situation of intervertebral cartilages. At the open part of the spinal canal the cord is distinctly seen giving off filaments; one of these, which I take to be the sciatic nerve, was traced downward to the extremity of the foot. The bones of the head appear as if fused together: no traces of sutures. There are in it two openings, one in front near the centre, and the other corresponding with the situation of the posterior fontanelle. Each of these openings is about two lines in diameter; a small probe can be passed from one to the other, and from either downward, through the vertebral canal. The bones of the pelvis are well marked, though misshapen, joined at the pubes by a regular symphysis, covered with cartilage; in like manner to the spine. The acetabula are occupied by the cartilaginous heads of the femurs, round and prominent, with tolerably perfect capsules. The left knee and ankle joints are close together, and the foot turned inward (*varus*). The right side of the pelvis and right hip-joint correspond with the left; but a few lines below the whole extremity appears fibrinous, as if it had been exposed to the action of an acid, and had become partially dissolved. The rudiments of the upper extremities were also dissected from the mass, though not so perfectly as the lower, from their smaller size and less prominent position. I could discover no vestige of ribs, nor the appearance of any distinct organs or viscera. Covering the bones is a distinct periosteum."

It is very evident from this description of Prof. Grant, who was a skillful anatomist, that the body under inspection was not a dermoid tumor, but a product of generation, a twin, we may say, of the girl within whose abdomen the germinal trace was partially and irregularly developed. The monster by inclusion is certainly one of the most difficult of all the duplex types to comprehend and explain on the principles of teratological science. One germinal or twin trace would appear, for some unaccountable reason, to maintain a dormant vitality, like that of an unsprouted seed, or severed bud, while the other develops and surrounds it. In the changes of growth and nutrition that occur in the body after birth, the dormant germ appears to be better nourished, is stimulated to grow, and may finally assume the characteristics of a hard tumor, an abscess, or a cystic growth, especially if located in the abdomen, breaking down the health of the subject, and in almost all such instances ending fatally. In the case before us there is no mention of any ascitic or encysted fluid having been detected, and I presume there was no such complication to endanger the life. The probability is that the fœtal growth was much more superficially located than is usual in such cases, and hence the discharge of it during life, and the favorable termination of the case.

After a careful and extensive search for parallel reports, I find no authentic record in which a congenitally inclosed fœtus was removed from the abdomen during the life of the child with recovery. Dr. Harris added a condensed record of some of the most remarkable cases of fœtus by inclusion that have been published during the the last seventy-five years.

In regard to diagnosing such conditions, he said:—

The first important requisite in making such a diagnosis is to know the history of apparently parallel cases, and all the points of the one to be considered. It was in this way that M. Velpeau made his celebrated diagnosis in the case of scrotal tumor, at the Hôpital de la Charité, in 1840, before an audience of about five hundred students and physicians, stating that he expected to find in the scrotum of the man before them the rudiments of a fœtus, and verifying the correctness of his judgment, after removal and dissection. It appeared to be a very marvelous diagnostic feat at the time, and gave its author a world-wide reputation as a man of skill. No doubt some persons thought it a happy conjecture; but what were the facts?

In 1826 there appeared in the *Bulletin des Sciences Médicales*, of Paris, an account of an operation upon the scrotum of a child, by Mr. Fatti, of Braunau, Austria. The child was born with an enlarged scrotum, which increased in size as he grew, until it was five inches long by two and a half in thickness. Mr. Fatti laid it open, and discovered the ribs, vertebral column, two lower extremities as far as the knees, and the two orbits of a fœtus. Again, in 1829, the same journal presented a similar report, from Prof. Wendt, of Breslau, of an operation performed by him on a Silesian boy, seven years old. When the patient Gallochat came under the care of Prof. Velpeau, he was a man of twenty-seven years of age, and stated that he had had the tumor from the time of his earliest recollection. M. Velpeau, by correspondence with Dr. Senoble, of Esternay, learned that the latter had been consulted about an enlargement of Gallochat's scrotum when the patient was a

baby of four months old, and that the growth had enlarged as the boy grew up. There was also to be seen a tuft of hair protruding from a kind of ulcer at the posterior part of the tumor; and a reddish tubercle presented itself at the bottom of another opening anteriorly. The skin over the tumor was peculiar, and not like that of the scrotum proper; it was insensible to puncturing, but bled freely when cut; and besides all these points, the feel of the mass was indicative of the presence of bone. So, like the old story of Columbus and the egg, the matter is very simple when we know how it was done, but the merit lies in finding out how to do it. To know what has been found under similar circumstances and conditions, and to weigh and study with care all the points in the history of a case, will often make a diagnosis simple and unquestionable, where it might otherwise be impossible.

The historical evidences in intra-abdominal tumors are often of more value than palpation, percussion, bimanual pressure and the sound can possibly be without them. I have been forcibly reminded of this fact in two instances within the past year. In one woman the presence of an ovarian or uterine tumor had been diagnosed, where there was found to be a clear and connected history of a secondary abdominal pregnancy; and in the other, where palpation led to the suspicion that there was a fœtus in the abdominal cavity, there was no history indicative of pregnancy, but, on the contrary, good reason for regarding the abdominal growth as malignant. Such cases require time for a proper investigation, and the labor of obtaining a full history before any other method of examination is entered upon, is not lost. A rapid decision may savor of skill to the unlearned, but is apt to lead into error; it is, therefore, wiser sometimes to be slow. It will not be a very pleasing reflection, after having discovered an error of opinion, to find that the case had a history, the full investigation of which at first, instead of after the discovery, would have made the mistake an impossibility.

Although, as before stated, no one has as yet made a diagnosis recognizing the existence of a fœtal tumor in the abdomen of a young subject, and acted upon it by evacuating the contents of the same under the knife, we are not to regard such a procedure as a matter of impossibility in the future. Such an operation might prove successful; and in a case like that of Amidée Bissieu, a correct diagnosis would not be very difficult. In one of the character of that treated by Dr. Atlee, we can see that an early evacuation by the knife might have been quite feasible. The nearest approach to the removal of a fœtal tumor from the abdomen is that of the excision of dermoid cysts of the ovary in young children, the youngest case on record being perhaps that reported through Dr. J. Ewing Mears, operated upon at the age of six years and a half, by T. S. Bradford, of Augusta, Kentucky, at Higginsport, Ohio, in 1871. The little girl recovered in eighteen days. In the cyst were found three pints of fluid, with a collection of hair, fatty matter, and an irregularly-shaped osseous mass.*

These dermoid cysts have long been a puzzle to the physiologist, and their origin is still in large measure hypothetical. At one time the finding of such a formation in the ovary of an unmarried woman was regarded as presumptive evidence that her life had at some time been unchaste; but the discovery of the same character of growths in very young children, and their being even detected in the fœtus at and before term, have dissipated this idea, and substituted for it the belief that the true dermoid cyst is always fœtal in origin, and never appears late in life except as the development of a formation originating in utero, and remaining dormant for a term of years. As the development of a fœtus within the parenchyma of an ovary is of such rare occurrence that the possibility of it has been repeatedly denied, it is not probable that a dermoid cyst of the same organ would originate by direct impregnation in a nubile subject.

It is the death of the included fœtus that endangers the life of the subject. In a few instances on record the interior parasite was found in the bodies of adult male subjects, one as old as fifty, who had died of some independent malady, the fœtus being free from any trace of morbid or cadaveric change, just as we see to be the case in some instances where extra-uterine fœtuses have been carried for years. When the fœtus becomes, by its death, a foreign body, nature rebels against its presence, and inflammation, followed by an abscess or dropsical effusion, is set up. In some rare cases the bones and tissues have broken down and been discharged, and a spontaneous cure effected; but much more commonly the patient dies, as in the examples given.

* Phila. Med. Times, Nov. 1, 1871, p. 81.

Editorial Department.

Periscope.

Displaced Retina Treated by the Wire Seton.

In the *Medical Times and Gazette*, Mr. Chas. Higgens gives a number of cases of this method of treatment, with remarks. We quote one case and his observations—

Case 1.—James F., aged thirty-seven, admitted December 5th, 1877. Left eye: Considerable displacement of retina at lower part; vitreous cloudy; some floating opacities besides the displaced retina; optic disk visible, apparently healthy; central corneal opacity. Right eye: Some dimness of vision; eye is hypermetropic, 2 D.V.=$\frac{6}{9}$. Seton of fine gold wire passed

through sclerotic and choroid, between the latter and the displaced portion of retina; the points of entrance and exit of the wire were situated between the external and inferior recti muscles, close to their insertion.

January 8th, 1878: The seton caused no irritation; it could be plainly seen with the ophthalmoscope behind the displaced portion of retina. No improvement had taken place. The wire was removed; iridectomy performed downward. 29th: Conjunctiva divided with scissors and turned back. A small piece of sclerotic removed with trephine, immediately behind the ciliary region, and at a point midway between the insertions of the external and inferior recti muscles; the choroid, which bulged into the opening made by the trephine, punctured with a Graefe's knife. A gush of clear fluid took place. Wound in conjunctiva closed with suture; no irritation followed. The wound in sclerotic gradually contracted. On December 9th, 1878, the retinal displacement remained the same; the opening made by the trephine appeared as a bluish, nearly circular spot. The eye could count fingers in the lower and outer part of the field, the remainder of which was entirely wanting.

Knowing the disastrous results which frequently follow the accidental lodgment of foreign bodies within the eye, I was quite prepared for what might follow the intentional introduction of a piece of wire; on the other hand, I knew that pieces of metal had often lodged in the vitreous and remained there without causing any irritation. In Cases 1 and 3 the wire remained in the eyeball for one month, and nearly two months, respectively—in the former causing no irritation, in the latter but little. In Case 2, however, what I feared occurred: within three days of the operation, a violent irido-choroiditis was set up, which entirely destroyed the eye, rendering necessary its excision at a later period. Removal of a portion of the sclerotic appeared to be a much safer operation than the introduction of a seton, and in the three cases reported no bad symptom followed. Both operations are extremely simple. For the introduction of the wire seton I used a curved hollow needle; a piece of gold wire about as thick as a human hair was pushed into the tube of the needle, just far enough to prevent it slipping out; the needle was then passed through the tunics of the eyeball into its interior, brought out again at the distance of about one or two centimeters from the point of entrance, and detached from the wire, the two ends of which were tied in a knot, and cut off short. The portion of sclerotic is removed by a small trephine having a screw fixer in its interior, upon which it works by means of a left-handed screw; it is an aural instrument, and was given to me by Mr. L. Purves. When the instrument is used, the conjunctiva is first divided and turned back; the screw fixer, protruded beyond the end of the trephine, is then screwed firmly into the sclerotic, and slight traction exerted; the trephine is then rotated from right to left, and passes down over the head of the fixer, by which the sclerotic is drawn into its mouth, and cut by being pressed against the trephine. As soon as the sclerotic has been perforated, the instrument comes away from the globe, the choroid bulges into the little circular opening and is punctured with a knife. Some clear fluid, perhaps followed by a small quantity of vitreous, escapes. I did not expect much from the operative treatment of displaced retina, but hoped that, at any rate, my patients would be made no worse; in this even—so far as the introduction of a seton goes—I was disappointed. The trephine did no harm, but, on the other hand, did no good. I have used it with beneficial results in some cases of absolute glaucoma, where the globe was painful. Possibly further trial may give more encouraging results in displacements of the retina.

Cases of Syphilis.

The following interesting cases are reported in the *Lancet*, by Dr. Jonathan Hutchinson:—

A young man was admitted six weeks ago, with a large indurated sore on his lip. Its characters were most definite, and under the jaw were a number of enlarged glands. The skin was covered with a lichenoid and papular rash. He did not know how he had caught the sore. He first observed a little crack, then a month later it began to inflame and harden, and in another month the rash began to appear. Having remarked on the case as an example of non-venereal syphilis (*syphilis sine coitu*), or probably chancre from kissing, I drew attention to it as an illustration of the early stages of the disease. For practical purposes we may divide the early phenomena of syphilis into three periods of one month each. The first month is occupied by the incubation of the chancre, and during it there is either no sore at all, or a sore which is soft, suppurating, and without definite character. At the end of this first month the process of induration will be commenced. Another month may be allowed for the full development of the chancre and for first appearance of the constitutional symptoms; and at the end of two months from the contagion the sore may be expected to be very hard, the bubo well characterized, and the skin mottled with a roseolous rash. If treatment be avoided, the rash will develop further during another month, and at the end of three the chancre will still be in full vigor and the skin covered with a multiform eruption. The disease will now be at its full height, and it is at this period that iritis and retinitis are most likely to occur. In this case the lad has now been one month under treatment by two-grain doses of gray powder three times a day; and, without ptyalism and without any interference with general health, the induration has melted away, and the rash almost wholly disappeared.

In connection with the above, in which syphilis is being cured by small doses of mercury administered through a long period, salivation being avoided, I drew attention to another, which occurred a month ago, in which profuse salivation appeared to be productive of the best results. A married woman of middle age was admitted with a most copious scaly and papular eruption. It covered her face, trunk, and extremities, not any part escaping, and the profuse production of scale crusts was a very remarkable feature. On

the arms it might have been mistaken for common psoriasis, but on the face there could be no doubt as to the diagnosis. Mercurial baths were ordered, but after the third she became freely salivated. For a week or two she was confined to bed, and in a very feeble state, from the profuse ptyalism. During this period the eruption vanished as if by magic. No more mercury was used in any form, and at the end of a month the woman left the hospital covered with stains, but having nothing whatever remaining but stains. She was charged to return in a month, that we might know if any relapse occurred.

I remarked in connection with this case that it was the most rapid cure of a severe secondary eruption which I had ever known. Although, on the whole, I prefer the long continued treatment by small doses, yet it is well to bear in mind that in certain cases mercury appears to be far more efficient when pushed to its full physiological influence. We must avoid prejudging the question, and keep our minds open for the reception of all evidence that may be forthcoming. In some acute inflammatory affections, not syphilitic, benefit is observed immediately that salivation occurs, while none is witnessed before.

Poisoning from Arsenical Wall Paper.

At a meeting of the Medical Society of London, Mr. Jabez Hogg drew attention to two points in connection with this subject; (1) as to whether the symptoms produced by the dust thrown off from the walls differs from those observed in the administration of arsenic as a medicine; and (2) whether the greater amount of activity and virulence observed in wall-paper poisoning is due to the poison being taken as a finely divided dust, or as an evolved gas. The symptoms of arsenical conjunctivitis seemed to indicate a special form of disease produced by the mechanical irritation of the dust, leading to purulent discharge and ulceration of the mucous membrane; varying degrees of symptomatic fever attend the attack. the digestion is deranged, appetite impaired, bowels irritable, tongue white, furred and sore: the mouth dry and throat sore. He dwelt especially on the local manifestations, and then proceeded to quote several well marked instances that had come under his notice; reading an interesting account by Professor Osborne Reynolds, of Manchester, of the symptoms in his own case. The effects upon workmen engaged in the various manufacture of papers, calicoes, etc., were then shown; and a description given of the various kinds of arsenical pigments employed, which, as they become dry, are easily detached, and float about in the air of the room. It was important to know whether the ill effects produced were due to dust or to arseniuretted hydrogen. Three important points had been arrived at: (1) that dust is separated in sufficient quantities to give rise to a peculiar train of symptoms; (2) that under certain conditions arseniuretted hydrogen is evolved by decomposition, and may naturally add to the virulence of the poison; (3) that at all events the dangers to the public health from the use of arsenical pigments are real and urgent. Wall paper could be made without arsenic; and he considered that the evils connected with a nefarious manufacture of those made with poisonous compounds called for the entire prohibition of the sale of the same.

On Villous Disease of the Bladder.

An article on this rare disease is contributed to the Dublin *Medical Journal*, by Dr. R. S. Hudson. His conclusions are—

1. Villous disease of the bladder is not so rare as is generally supposed, many so called cases of chronic cystitis being probably due to it.

2. Its diagnosis is most difficult, and can only be arrived at after long observation, and by a process of exclusion.

3. Urinary deposits containing so-called cancer cells are very misleading; but the microscope is most valuable in detecting small portions of genuine villous growth.

4. There should be no difficulty in detecting the growths in the female, as the whole internal surface of the female bladder can be readily explored with the finger after rapid dilatation of the urethra, when under the influence of an anæsthetic.

5. Astringent injections are likely to be of use in the early stages, and before the growths have become pedunculated.

6. The surgeon, while unsparing in the use of sedatives to relieve pain and spasm, should bear in mind the possibility of permanent cure by removal of the growth.

7. Statistics show that the operation is neither difficult nor dangerous in the female; and there are good grounds for believing that when preceded by cystotomy in the adult male it will prove justifiable and satisfactory.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The third annual report of the State Board of Health of Wisconsin makes a volume of 183 pages, with much interesting matter, as will be seen from the contents, which are as follows:—"Diphtheria and its Relations to Filth," by Dr. E. L. Griffin; "Typhoid Fever and its Prevention," by Dr. Solon Marks; "Land Drainage," by Dr. J. T. Reeve; "Preventable Causes of Insanity," by Dr. W. Kempster; "Influence of Reading upon Health," by Prof. R. B. Anderson; "Water Supply of Wisconsin," by Dr. G. F. Witter; "Reports on Water Supply," and "Investigations of Water Supply of a City," by Prof. Chittenden; "School Buildings," by the same author; "Inspection of Public Buildings," and "Extracts from Special Correspondence." During the year the Board has distributed among the public a number of copies of a tract containing suggestions for the restriction and prevention of diphtheria.

——The proceedings at the complimentary dinner given to Prof. S. D. Gross by his medical friends, in commemoration of his fifty-first year in the profession, have been published in neat form, on handsome paper, with a fine photograph of the distinguished surgeon. It will make a pleasant memento for his many friends. Published by Lindsay & Blakiston. pp. 42. Cloth. Price $1.00.

——A hitherto undescribed form of skin disease is reported by Dr. Arthur Van Harlingen, in a reprint from the *Archives of Dermatology*, under the name of "Ulcerative Scrofuloderm." It is analogous to the affection described by Bizzero and others as "tuberculosis of the skin."

——The National Board of Health has commenced a weekly Bulletin, to contain general information, official and otherwise, on the public health. It is also intended to publish in the *Bulletin*, from time to time, such local quarantine and other sanitary regulations as may be adopted by the various State and municipal authorities throughout the United States, and it is hoped that boards of health, quarantine officers, and others, will keep the Board fully advised of all such rules and regulations, and of any changes that may subsequently occur in them.

——*Lippincott's Magazine* for August is a capital summer number. It opens with a paper, the first of two, on "Catskill and the Catskill Region," which will be likely to swell the stream of travel in the direction of that beautiful mountain country, the article evincing a perfect knowledge and keen appreciation of its peculiar beauties, while the illustrations are of first-class excellence. Dr. Oswald continues his admirable "Summerland Sketches," which are also finely illustrated. A paper entitled "Guignol" describes the marionettes of the Champs Elysées, and other public gardens of Paris, with curious details and engravings. There are also many other articles of interest.

BOOK NOTICES.

On Diseases of the Stomach, the Varieties of Dyspepsia, their Diagnosis and Treatment. By J. O. Habershon, M.D., London. Third edition. Philadelphia, Lindsay & Blakiston. Cloth, 8vo, pp. 324. Price $1.75.

For many years Dr. Habershon has enjoyed a high reputation in London, largely for the successful attention he has given to diseases of the abdomen and its contents. Most of the present volume is occupied with the numerous forms of dyspepsia; chapters are also given to ulceration, degeneration, cancer, and spasm of the stomach; and to a discussion of the relations of diseases of the stomach to those of other organs and to the general health. Dyspepsia is divided into many varieties: atonic, congestive, inflammatory, hepatic, rheumatic, gouty, renal, mechanical, sympathetic, fermentative and duodenal. To each of these a separate chapter is assigned.

We have been pleasantly impressed by the daring of the author in the following sentence in his preface: "There are some truths which are continually impressed upon the mind of the physician, and perhaps none more forcibly than the importance of endeavoring to *cure the patient*, rather than of merely seeking to *treat the disease*." In these days of therapeutic skepticism, all talk of *curing* is looked upon by certain high-science writers as unbecoming. It is refreshing to find there are solid physicians yet who recognize *curing* as the special and most proper field of the Profession.

Laboratory Teaching; or Progressive Exercises in Practical Chemistry. By Charles Loudon Bloxham, Professor of Chemistry in King's College, London, etc. Fourth edition. With eighty-nine illustrations. Philadelphia, Lindsay & Blakiston, 1879. Cloth, 8vo, pp. 261. Price $1.75.

The practical value of Bloxham's manual is fully shown by the demand for a fourth edition. The alterations are not important, the most prominent being the introduction of the formulæ representing the various chemical compounds described in the notes to the tables. The instructions for manipulations are clear, the tables will be of much convenience, and the illustrations are ample and well printed.

Memoranda on Poisons. By Thomas Hawkes Tanner, M.D., F.L.S. Fourth American, from the last London enlarged and revised, edition. Philadelphia, Lindsay & Blakiston. 18mo, cloth, pp. 207. Price 75 cents.

Since Dr. Tanner's death this little book has passed through two editions, under competent editorship, and as a ready guide in toxical accidents it will often be of service to the practitioner. Considerable additions have been made to the original form of the book. The remarks under General Toxicology, on the diagnosis of poisoning and the detection of poisons, merit careful reading by all.

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NERVOUS DISEASE AS A CORRELATIVE OF CIVILIZATION.

There has been of late years a good deal of talk about the increase of insanity and functional nervous disease, which has been supposed to be discoverable in modern times. Quite lately a well known American neurologist, Dr. GEORGE M. BEARD, a writer widely and favorably esteemed for his works on medical electricity, has been making some assertions on the subject remarkable for their positiveness, and we must add for their utter want of foundation in fact.

We take one of the latest essays of his fertile pen, a pamphlet entitled "American Nervousness, its Philosophy and Treatment," reprinted from the July number of the Virginia *Medical Monthly*. The theory the author advocates at great length is that an increase of nervous diseases has been the direct result of civilization, and that they are comparatively rare among uncivilized and savage races. We quote his own words, so as to be sure to give his position its correct meaning. He says (p. 6)—

"In the study of this subject, I have compared a very large number of books of travel, and I have arrived at this fact, in regard to which there can be no doubt whatever, namely, that nervous disease scarcely exists among savages or barbarians, or semi-barbarians, or partially civilized people."

Now, what we have to say of this is that no statement on the subject could be framed more glaringly incorrect and more distinctly contrary to known and undeniable facts than the one presented in this extract. We maintain that just the reverse is true; that nervous disease is vastly more prevalent among uncivilized conditions than in those which are civilized; and how Dr. BEARD, well read as he is, could have been led to make such a statement can only be explained by the determination, so common among men of science, to force all facts to support their chosen theories.

We have but to turn to any history of medicine to prove his error. Take the first at hand. No one will question the weight of historic authority which goes with Hæser's *Geschichte der Medicin*. We turn to p. 282 and read: "Among the most remarkable phenomena of the pathological life of nations belong those which display themselves not in disturbances of the vegetative sphere of life, but through the various and singular outbreaks of a morbidly irritable nervous activity. It is certainly not without profound significance for the history of the physical development of man that the almost epidemic prevalence of nervous disease occurred most frequently in early antiquity and in the middle ages, as this class of diseases is also principally found to-day among persons of the uncultivated classes and among various savage peoples; while they are incomparably less frequent (*ungleich seltener auftreten*) in periods of higher civilization, and where there is greater harmony between the psychic and somatic spheres of nerve life."

After this most striking and direct refutation of Dr. BEARD'S view, by one of the most profound historians of this century, we need not add in detail the proofs which Hæser marshals

in invincible array. We need but mention the lykanthropy, the St. Vitus dance, the childrens' crusade, the witch mania, the gross illusions, the contagious superstitions, the flagellants, and the epidemic manias which in a hundred forms scourged the Christian world in the dark ages, and which far surpass any nervous outbreak this age has seen.

As for the statement that "nervous diseases scarcely exist among savages or barbarians," Dr. BEARD must have read the large numbers of books of travel he refers to with extraordinarily little attention not to have learned that precisely this class of diseases is frequent and violent among them, beyond anything civilization can parallel. If any one will convince himself of this, let him, for the Lapps, Samoyeds, Ostiaks and Kamschatkans, consult Schnurrer, *Geographische Nosologie*, page 234, or the eminent Professor CASTREN'S recent travels among the same races. Would he learn of their prevalence among the native races of North and South America, let him read the tenth chapter of BRINTON'S *Myths of the New World*. Would he find them among the half savage tribes of India, let him peruse almost any work which describes in true colors the scenes on the pilgrimages, at the festivals, and in the temples of those peoples, when their nervous system is subjected to the strain of superstitious joy and fear. We might add references by the dozen, but it is really needless, as any one not blinded by theory can find them in abundance.

This talk of increasing nerve disease with increasing civilization is utterly at variance with the facts of history, and it is time that it ceased. Dr. BEARD has been by no means the only one who has been led to adopt it; but he is one of the latest and most dogmatic in his assertions. We have a very high respect for his industry and abilities; but in this, as in some former theories which we criticized a few years ago, and which we are glad to see he has dropped, we cannot refrain from showing that he is entirely at issue with the facts of the case, and with the unanimous voice of historians and unprejudiced observers.

SANITARY REGULATION OF SAILORS AND BOATMEN.

The extension of epidemic and contagious diseases through commerce and emigration has long been a subject of serious consideration for students of State medicine. Restrictions which harass the mercantile community, or which interfere with the free movements of population, are inconsistent with an enlightened popular government, and are imposed with hesitation, even by the decaying monarchies of the Old World. The golden principle of legislation laid down by the philosopher Comte, to the effect that the majority should be educated up to the point of desiring a law before it is formally enacted, here comes into play, and hence, in all sanitary legislation, the first duty of the enlightened reformer is to *educate the masses*, to show them that the measures needed to preserve the general health are also profitable to the individual, and if possible prove this by a practical exhibition of the good effects of a proposed enactment before it is formally incorporated among the statutes.

An instance where this is being carried into effect is in the excellent measure proposed by Dr. HAMILTON, Superintendent of the Marine Hospital Service, in providing for the examination of seamen about embarking in the mercantile marine. This examination is furnished by officers of the Marine Hospital Service, without charge, at the principal ports of the United States, and we learn is beginning to be highly appreciated by ship owners and captains. They find that the usefulness of their crews is much enhanced, and that, therefore, the safety of craft and cargo, and the net result of the venture, are all benefited by having really able-bodied seamen, rather than by shipping diseased and broken-down men, who become a burden and an expense to the crew, the officers and the owners. Both in Philadelphia and New York the number of seamen examined has been large, and is constantly increasing, and the wisdom of such an arrangement is daily becoming most apparent to those most deeply interested.

The extension of such an inspection to emigrants were desirable, and in certain conditions,

to all travelers. In time, no doubt, this will be acknowledged by all civilized nations, and hence a danger connected with our modern increased intercourse will be avoided. Many of the difficulties surrounding the question of quarantine would thus be avoided. The suggestions of Dr. MARION SIMS, in his presidential address before the American Medical Association, will be remembered in this connection. He thought that by carrying out such a plan carefully and systematically, even venereal diseases could be greatly diminished and reduced to insignificant proportions. No doubt they are carried from port to port by mercantile vessels, and that an exclusion of sailors suffering from them would be a salutary provision.

The work of the Marine Hospital Service in this respect is not confined to foreign commerce. The Service has given much attention, and has published several able reports on the extension of disease by river steamboats, and the measures best calculated to prevent such extension. These come naturally within its domain and will continue to receive its careful supervision.

The condition of the canal boatmen in England has of late attracted much attention from medical authorities. They live with their families in these floating houses, move from place to place, and often sadly neglect the first principles of sanitation. They escape the vaccination act through their migratory existence, and hence disseminate smallpox; while their morality has been slight, and the consequences of its absence apparent.

We do not remember to have seen any sanitary investigation by the officers of the Service, in reference to the numerous canal boatmen of this country; and would suggest the propriety of an examination into their condition, presuming that they also would come under the classification of the mercantile marine service. Probably similar deficiencies of sanitation exist among them here as in England.

—A satire on the mania for attaching undue importance to trifling variations in instruments is contained in a reprint from the Louisville *Medical News*, entitled, "An Account of the Perineosinuexcreeinator."

NOTES AND COMMENTS.

Therapeutical Notes.

SKIN DISEASES.

We extract the following formulæ from Mr. Squire's "Pharmacopœia of the British Hospital for Diseases of the Skin" (just published in London), as exhibiting the use of some new remedies and approved combinations.

CHRONIC URTICARIA.

As a sedative, the following acid bath

℞.	Acidi nitrici,	℥ iss	
	Acidi hydrochlorici,	℥ j	
	Aquæ,	Cxxx.	M.

The patient should be immersed for not less than an hour, and the bath maintained at an even temperature of 90° Fahr.

The following cutaneous sedative is also recommended—

℞.	Aquæ chloroformi,	℥ ss	
	Aquam,	ad ℥ j.	

Mix and apply locally.

Another useful sedative in the same disease is a saturated solution of benzoic acid in water—

℞.	Acidi benzoici,	gr. ij	
	Aquæ.	℥ j.	

Dissolve.

CHRONIC ECZEMA.

A carbolic acid lotion. gr. x, to water, ℥ j, is used to allay irritation. As a mild stimulant, a pigment of aloes—

℞.	Aloes extracti barbad.,	℥ iij	
	Glycerini,	℥ vj.	

Dissolve.

An ointment of birch oil is used cautiously in dry eczema—

℞.	Olei betulæ albæ,	℥ ij	
	Ceræ flavæ,	℥ ij.	Melt.

In subacute and chronic forms, the oleate of zinc is soothing—

℞.	Zinci oleatis,	℥ ij	
	Adipis,	℥ j.	M.

CHLOASMA, LENTIGO.

For these troublesome discolorations of the skin an ointment of alizarin is recommended:—

℞.	Alizarini factitii,	℥ j	
	Adipis,	℥ j.	M.

Or a sulphurous acid lotion:—

℞.	Acidi sulphurosi,	℥ ij	
	Aquam,	ad ℥ j.	

The rapid evaporation of the acid from the lotion should be retarded by applying the lotion on lint or rag covered with oil silk.

As a bleaching agent in lentigo:—

℞.	Sodæ chloratæ liquoris,	℥ ss	
	Aquæ,	℥ j.	M.

Chrysophanic acid ointment is also useful in these affections.

PSORIASIS.

Chrysophanic acid is a leading remedy:—

℞. Acidi chrysophanici, ℥ij
Adipis, ℥j.

Heat together in a water bath for half an hour; when set, mix with pestle and mortar.

The erythema which arises after sometimes only a few applications of this ointment should be watched for, and on its first appearance the use of the ointment should be promptly discontinued. It should never be applied in the vicinity of the eyelids, as they are apt to be rendered œdematous.

Pyrogallic acid ointment is also used—

℞. Acidi pyrogallici, gr. x
Adipis, ℥j. M.

As a solvent and stimulant a lotion of sulphurate of potash:—

℞. Potassæ sulphuratæ, gr. v
Aquæ, ℥j.

Dissolve.

A New Method for Cupping Extempore.

The following practical advice is taken from an Italian journal, by the London *Medical Record*: Take a piece of common paper, of the size of the opening of the cupping glass, and dip it into warm water before applying it. The paper being damp, the skin is kept cool, and prevents, by the evaporation of the water, the too extensive spreading of the vacuum. If the same piece of paper be used twice, it must be dipped in water before the second application. As far as the cupping-glasses are concerned, a large number of household articles which can be had everywhere, such as tumblers, jam-pots, etc., may take their place, if the paper be applied to them in the way we have described. Half a dozen similar recipients, which are from three to five inches deep and wide, if applied at once, and the vacuum renewed every two or three minutes, will, in about a quarter of an hour, produce a most prodigious effect.

Impure Eucalyptus Oil.

One reason why so many failures with *Eucalyptus Globulus* are reported may be owing to the frequent substitution for it of other species of Eucalyptus. Our pharmaceutical exchanges assert that genuine volatile oil of eucalyptus globulus hardly ever appears in the market, the oil being almost invariably distilled in Australia, from the leaves of E. amygdalina, which contains more oil than any other known species of eucalyptus. E. globulus, of which 100 pounds of leaves yield about 6 ounces of oil, grows in not easily approachable districts. The two oils resemble each other very much; that of E. globulus possesses, however, much more therapeutical efficacy.

Results of Consanguineous Marriages.

A physician of Massachusetts has been collecting statistics of consanguineous marriages. He states, in the Boston *Medical and Surgical Journal*, that he received accounts of twenty-five such marriages, resulting in the birth of one hundred and seven children. Of these, ninety-two were sane, four insane, and eleven idiotic. Of the fifteen whose minds were unsound, nine became so from known causes other than the consanguinity of parents. Only six, then, of the one hundred and seven children could have been made insane by the near relationship of their parents, and even in these cases there may have been other causes. He thinks the danger of such marriages has been exaggerated.

The Solid India-rubber Bandage.

Dr. A. F. McGill, Surgeon to the Leeds Dispensary, writes to the *Practitioner*:—Since the commencement of the present year I have used, with excellent results, the solid rubber bandages introduced by Dr. Martin, of Boston. The bandage has been put on next the skin, without any other dressing; the patient has been instructed (1) to remove the bandage on going to bed, (2) to wash the leg with warm soap and water, (3) to sponge the ulcer with carbolic acid lotion and keep this applied all night, (4) to have the bandage well washed and hung up unfolded during the night, (5) to again wash the leg in the morning, and (6) to apply the bandage before leaving bed.

Cantharidin from the Potato Bug.

It appears from some experiments detailed in the American *Journal of Pharmacy* for June, that the fresh powder of the potato bug yields about 1¼ per cent. of pure cantharidin. This is a large product, and no doubt these pests will be increasingly used as a cheap source of this valuable remedy.

A Sign of Mental Unsoundness.

We have often had occasion to note the correctness of the following remark, which we take from a writer in the last number of the *Journal of Mental Science*:—

"It is a fact, we believe, that the religionists of whose creed faith without works, sudden 'conversions,' and immediate, almost super-

natural answers to prayer form an unreasonable part, are greatly given to homœopathy and other systems of therapeutics where the means are not adequate to the end, according to ordinary known laws."

Use of Croton-chloral.

At a late meeting of the Boston Society for Medical Observation, Dr. H. I. Bowditch reported a case of facial neuralgia which had been relieved in a decided manner and without any unpleasant effect, by three five-grain doses of croton-chloral, after all other drugs had failed to give relief. Dr. Williams stated that he had often used it with advantage instead of opium, after operations about the eye. The chloral had no unpleasant effect, and he thought it safer. Dr. J. O. Green remarked that he had used this drug at the City Hospital, in cases of neuralgia of the head, and had obtained a wonderful effect in one case.

Correspondence.

LETTER FROM CINCINNATI.

Combined External and Internal Version.

Ed. Med. and Surg. Reporter:—

Who has not appreciated the advantages of second-hand book stores? Surely your correspondent has reason to "bless the man who first invented" them. An idle half-hour recently tempted me into a well-known establishment on Race street, where all sorts of works are offered for prices much more satisfactory to one's pocket than those prevailing in more aristocratic-looking places. A huge pile of unbound pamphlets attracted my eyes. They were nothing less than the "Transactions of the Ninth Annual Meeting of the Ohio State Medical Society, held in Cincinnati, June 6th, 1854." On page 59 of this volume is found this announcement: "Prize Essay: by M. B. Wright, M.D., of Cincinnati; *Difficult Labors and Their Treatment.*" Forty pages are devoted to Dr. Wright's communication, and twelve illustrations convey to the eye the ideas that words alone would fail to render clear. Now, to those who, like the writer, have received their professional training since 1860, there is no more striking landmark in modern medical literature than that reared by Braxton Hicks in the pages of the *Lancet*, some time in 1860. Yes, furthermore, there is no fact the value of which is susceptible of such complete demonstration. The writer well remembers the enthusiastic clinical teacher who exhibited to two hundred students the practicability of Hicks' combined external and internal version, by bringing before the class a woman in whose case labor had just commenced, and then, with the fingers of one hand at the uterine neck, and the palm of the other hand flat on the woman's abdomen, the position of the child was reversed by such digital manipulation as he was able to apply at the points mentioned. Originally a hand presentation, with the occiput to the left acetabulum of the mother, under the manipulations of the teacher, conducted as Hicks directs, the head of the child was made to ascend and the pelvic extremity to descend, until a breech presentation was produced. The same simple digital movements were continued, and in another moment a presentation similar to that at first was effected. Reversing the direction, the head of the child was passed from behind the left acetabulum of the mother to the right side of her pelvis, thence to the uterine fundus, and thence "to the place of beginning." The rapidity with which this change of position was effected, and the ease with which the manipulations were wrought, made a profound impression on the writer. Not so very long afterward, when called to the bedside of a patient whose young attendant lacked experience as well as years, there was a repetition of this clinical demonstration, in which the absence of the two hundred students was the only feature lacking to make the one case a *fac simile* of the other. In truth, I have never missed an opportunity of familiarizing any inexperienced practitioner with what I regard as the most important obstetrical improvement of recent years. Feeling thus strongly on this point, you can imagine my surprise and pleasure at finding what accident had thrown in my way. To show how valuable a treasure it was, let me quote a few words from page 82 of the "Transactions," where Dr. Wright says:—

"Suppose the patient to have been placed upon her back, across the bed, and with her hips near its edge, the presentation to be the right shoulder, with the head in the left iliac fossa, the right hand to have been into the vagina, and the arm, if prolapsed, having been placed as near as may be in its original position across the breast. We now apply our fingers upon the top of a shoulder, and our thumb in the opposite axilla, or on such part as will give us command of the chest, and enable us to apply a degree of lateral force. Our left hand is also applied to the abdomen of the patient, over the breech of the fœtus. Lateral pressure is made upon the shoulders in such a way as to give to the body of the fœtus a curvilinear movement. At the same time the left hand, applied as above, makes pressure so as to dislodge the breech, as it were, and move it toward the centre of the uterine cavity. The body is thus made to assume its original bent position, the points of contact with the uterus are loosened and perhaps diminished, and the force of adhesion is in good degree overcome. Without any direct action upon the head it gradually approaches the superior strait, falls into the opening, and will, in all probability, adjust itself as a favorable vertex presentation. If not, the hand may be acted upon as in deviated positions of the vertex, or it may be grasped, brought into the strait, and placed in correspondence with one of the oblique diameters."

Can anything be simpler? Both hands are to be used, one within the vagina, the other on the patient's abdomen, and version is to be performed. If this is not version by combined external and internal manipulation, words have

lost their meaning. Granting that words do mean what they are generally used to express, and that Dr. Wright did mean what he said, and what he says he meant when he used the above-quoted language, let us glance at the significance of his instructions.

Cephalic version dates from Hippocrates, and up to the adoption of podalic version, in the middle of the Sixteenth century, turning by the head was regarded as the safest and best method of terminating a preternatural labor. Although superseded by podalic version at the time mentioned, it was not abandoned, for Guillemeau continued to practice cephalic version in the early part of the Seventeenth century, even after recommending version by the feet. Two methods of performing version by the head have been popular. In one the head is brought to the pelvic opening by the hand of the operator inserted through the vagina: in the other the shoulder is gently pushed aside and the descent of the head is solicited. These methods were denominated cephalic version by internal manipulation. The possibility of version by external manipulation was referred to by Dr. John Peachy, in 1698. He says we may often succeed in bringing the head to the superior strait by acting on the uterus through the abdominal walls, and assisting the descent by the posture of the woman. Velpeau rediscovered this fact; Martin, of Jena, gives details of thirty-four cases in which this process was adopted; while Mattei, of Paris, in an essay in 1855, advocated the practice and predicted its universal adoption. In June, 1860, Fordyce Barker, of New York, reported a case, successful to mother and child, in which external manipulation had effected cephalic version. Strange to say, when both external manipulation and internal manipulation were separately known to be efficacious in effecting cephalic versions, how happens it no one proposed combining them? This is the point to which I desire to call your attention: the miserable little pamphlet I purchased for five cents contained the first printed reference to rectifying abnormal positions by combined external and internal manipulation. If we perpetuate the name of Flammand in connection with version by internal manipulation, and Wigand with that by external manipulation, so much the more should we indelibly connect the name of Wright with the plan he introduced, which is so much the superior of either or both the foregoing—the method of bimanual version by combined external and internal manipulation!

But what discovery has not its contestants? Dr. Braxton Hicks disputed Dr. Wright's claim to originality. Leishman says that while Gooch, Hamilton, etc., effected cephalic version by manipulations purely internal, and Wigand and Martin by a method exclusively external, it is to Braxton Hicks that we owe the combined method. If such is the case, all the more honor to Braxton Hicks, say we. Playfair claims that to Hicks "belongs the merit of having been the first to show the possibility of effecting complete version by combined external and internal manipulation, of laying down definite rules for its practice, and thus popularizing one of the greatest improvements in modern midwifery." Hicks himself, in a letter to the *American Journal of Obstetrics*, for February, 1873, claims the credit of first "introducing the use of both hands together, one supplementing the other, so that when either the internal or the external hand began to lose, the other would begin to gain, power."

How can these rival claims be reconciled? Ere we endeavor to do so, let us glance at my dusty little volume and trace the history of the facts it announced. Dr. Wright (I learn from Dr. Quinn, in the Cincinnati *Lancet* for June, 1878) demonstrated the practicability of bimanual version by combined external and internal manipulation, as early as 1847. The operation was formally introduced to the profession at the reunion of the State Medical Society of Ohio in 1854, and first appeared in print in the *Transactions* of that body—a copy of which is the text on which I have discoursed in this letter. Strange to say, Dr. Penrose, of your city, independently devised a similar method, which he described in the *Examiner* for July, 1855. It was not until 1860 that Dr. Braxton Hicks wrote his paper for the *Lancet*; not until 1864 that his essay on "External and Internal Version made its appearance. Dr. T. Gaillard Thomas, of New York, in his "Century of American Medicine, 1776–1876," expresses the views of the profession in this country—founded on the facts I have summarized—when he pronounces the claims of Dr. Hicks unwarranted, and maintains that the operation of bimanual version was clearly and unmistakably described by Dr. Wright.

Since commencing this letter I have been troubled with an indistinct impression that I had seen a communication from Dr. Hicks, of recent date, in which he reviews the subject. At last memory proved true; the mention of Dr. Quinn's name served as the key to the matter, for it seems Hicks wrote his letter as a rejoinder to Quinn's communication. Dr. Hicks puts the point at issue very concisely, when he says: "In an exhaustive discussion of the subject he is led to enter into the respective claims of Dr. M. B. Wright and myself as to the priority of the use of the external hand in combination with the one internally, in version." After alluding to an oversight which led him into the position he took in his first letter to the *American Journal of Obstetrics*, in 1873, he says he found out wherein he was wrong, and endeavored to correct matters in a second communication, which it seems did not fall under Dr. Quinn's eye. He then continues: "I therefore now take this opportunity of freely admitting that Dr. Wright did publish, in 1854, a plan for the production of *partial* cephalic version, which combined the use of the external hand with that of the internal." As this is the point at issue, no more can be asked of Dr. Hicks.

In conclusion let me refer to one point more characteristic of the profession of the United States in 1854, than in 1879, yet still a very noticeable characteristic. Dr. Wright might have published his bimanual method of producing version by combined external and internal manipulation for years, without gaining an adherent—aye! or even a reader—among practitioners east of the Alleghanies: but let a clinical teacher of London, Paris or Berlin make such an announcement, and at once journals are filled with com-

ments and lecturers discourse fluently on the topic, and it is not the fault of the publicity given the measure if it does not achieve success.

Let me not be accused of undervaluing Dr. Braxton Hicks. The course pursued by that gentleman shows that he not only "has taken many cities," but he has gained that greater and rarer victory which enables a man to do justice to a rival. His originality, so far as the application of combined external and internal manipulation to the production of complete or partial podalic version stands unchallenged; and surely that is crown enough for any one head to wear.

CINCINNATI.

Intestinal Worms as a Complication of Intermittents.

ED. MED. AND SURG. REPORTER:—

I was rather amused, in reading the article in the REPORTER of July 5th, as reported by C. H. Shivers, M.D., on "A Troublesome Parasite." A large number of such and similar cases come under my care every summer and fall, and my treatment is so much different from the one given by the Doctor, that I thought a pleasant criticism may benefit some of your readers.

The case in question was quotidian intermittent complicated with the presence of asearis lumbricoides. I should have prescribed—

R.	Quinia sulphate,	grs. xvj	
	Santonine,	grs. v	
	Chlorate potassa,	grs. vj.	M.

Divide into sixteen doses. Give one dose every two hours during remission of fever.

During exacerbation—

R.	Fl. extract aconite,	gtts. vj	
	Fl. extract gelsemium,	gtts. x	
	Sweet spirits of nitre,	℥j	
	Water,	℥iv.	M.

Dose, teaspoonful every two hours during the time the patient had fever. The bowels to be kept soluble by jalap and bitartrate potassa.

This treatment continued two or three days would have undoubtedly arrested the disease. If the above, aconite, etc., had been given with Dr. S.'s prescription, it would have arrested the disease, because it would have acted as sedative, diaphoretic and diuretic, thus eliminating, through those organs, much effete and morbific matter from the system. Then a small quantity of quinia would have effected a cure. But when we have symptoms of worms I invariably give santonine in small doses, with the prescription, as it is an excellent vermifuge, and more than that, it is a fine diuretic.

Probably such cases are rare in some localities, still, the physician should be fully prepared to arrest the disease at once.

I fully endorse Dr. Hamilton, of Monmouth, Ill., in the same number, when he says, "The bane of the medical profession of to-day is empiricism in high places." I think this is very true, as we read much of the current medical literature of to-day. Again he says, "It would be a happy day for us all if all generic names for diseases were struck out of existence." You are right: let us cure the lesions that produce the symptoms, filling indications, and not go by names, or follow a stereotyped treatment. Good common sense is an excellent commodity.

Redkey, Ind. J. A. HENNING, M.D.

ED. MED. AND SURG. REPORTER:—

On reading the article from Dr. Shivers, entitled "A Troublesome Parasite," published in the REPORTER, July 5th, I was reminded of a case which came under my observation not long since.

I was called at night to see Mary M., four years old, who had a high fever, with nausea, also complaining of acute pain in the side. Concluding the child had taken cold (she having been considerably exposed to the cold), I considered her trouble to be a mild attack of pleuritis. I prescribed—

R.	Syrup. ipecac.,		
	Sp. nit. ether.,	āā	℥j
	Syrup. simp.,		℥j. M.

A teaspoonful every three hours.

Also—

R.	Bismuth. subnit.,	gr. xxxv
	Hyd. sub. mitis,	gr. iij.

Fiat chart. No. xii. One every two hours.

On calling next morning I found the child no better, but the mother said she had passed a large worm that morning, and asked me if I did not think that was what ailed her, *i.e.* worms. I have been asked similar questions so often—indeed it seems every woman concludes, if anything ails her child, that it has "worms"—that I had been disposed to ignore the possibility entirely; nevertheless, on this occasion, I wrote the following prescription:—

R.	Santonin.,	gr. viij	
	Hyd. sub. mitis,	gr. x.	M.

Fiat chart. No. iv. One every six hours.

The next morning as I entered the room I saw the child sitting up, looking somewhat haggard, but free from fever and also from pain: there was no more disturbed breathing. I remarked, "Mary is much better." "Yes," says the mother, "that last medicine, Doctor, did the business: look here," said she, at the same time bringing forward a vessel, "did not I tell you it was worms." True enough, we counted forty-eight worms (*ascaris lumbricoides*), from three inches to ten inches in length. Her recovery was quite rapid. WM. T. BOUGHTON, M.D.

Northwood, Iowa.

Sounds in the Ears.

ED. MED. AND SURG. REPORTER:—

In your Query and Reply column, June 5th, 1879, Dr. I. N. T. asks an explanation of the cause of the peculiarly rushing sound in the ears when the auditory canal is tightly closed by the ends of the fingers. You suggest that it is from compression of the blood in the sides of the auditory canal. I have thought about the phenomena often, and have come to this conclusion as to the cause: when the canal is closed all sounds are shut out, and the auditory nerve it enabled to take cognizance of sounds within the cranium. The roaring I consider to be due

to the return of the venous blood from the brain, the current of which is very conveniently placed to produce this effect, causing a smart vibration, on account of the tortuosity of its channel at this point. The auditory sensations become subjective. For this reason persons are not able to endure the silence of Mammoth Cave: all other sounds being withdrawn, the ears take notice of those within the body, and the sensation becomes torturing as the attention is drawn to the effect. So of persons lost in the woods. The effect can be very readily produced at any time by a person withdrawing attention from other sounds and *listening to his ears*. I notice it as I write, though there is a tumult of noises from the street. The sound is like the seething or singing of a kettle on the fire; a mere modification of that when the ears are closed with the ends of the fingers.

I explain the roaring in the ears in diseases of the Eustachian tube, from the accumulated fluid (mucus or pus) becoming a conductor of sound from the jugular vein to the auditory nerve, a quality fluids possess in a high degree.

If this theory is untenable, I suggest another, which is plausible. The effect may be due to the driving in and displacement of the tympanum by the column of confined air; hardened serum pressing against the drum has this result. In fact, by rapid tittilation of the external opening with the end of the finger, a corresponding vibration can be readily perceived within, and from its ringing metallic character it must come from the tympanum itself. E. L. Drake, M.D.,
Nashville, Tenn.

News and Miscellany.

Official List of Changes in the United States Marine Hospital Service, May 6th to June 30th, 1879.

Ellinwood, C. N., Surgeon. Detailed as member of a Board to physically examine candidates for appointment as cadet in the Revenue Marine Service, May 24th, 1879. Detailed as member of Board for the physical examination of an officer of the Revenue Marine Service, June 13th, 1879. Detailed as President Board of Examiners to convene in Washington, July 15th, 1879, June 28th, 1879.

Bailhache, P. H., Surgeon. Detailed as member of a Board to physically examine candidates for appointment as cadet in the Revenue Marine Service, May 24th, 1879.

Vansant, John, Surgeon. To proceed to New Bedford, Hyannis, and Vineyard Haven, Mass., New Haven, Conn., and Providence, R. I., as inspector, May 15th, 1879. Detailed as member of Board for the physical examination of an officer of the Revenue Marine Service, June, 13th, 1879.

Hutton, W. H. H., Surgeon. To proceed to Shreveport, La., and Vicksburg, Miss., as inspector, May 17th, 1879.

Miller, T. W., Surgeon. To proceed to Toledo, Ohio, Dubuque, Iowa, Saint Paul, Minn., and LaCrosse and Milwaukee, Wis., as inspector, May 17th, 1879. Detailed as member Board of Examiners, to convene in Washington, July 15th, 1879. June 28th, 1879.

Wyman, Walter, Surgeon. Upon arrival of Surgeon Sawtelle, relieved from duty at St. Louis, Mo., and placed on waiting orders, May 16th, 1879. To proceed to Cincinnati, Ohio, and assume charge of the Service, relieving Asst. Surgeon Keyes, June 11th, 1879.

Long, W. H., Surgeon. Detailed as recorder Board of Examiners, to convene in Washington. July 15th, 1879, June 28th, 1879.

Sawtelle, H. W., Surgeon. To proceed to St. Louis, Mo., and assume charge of the Service, relieving Surgeon Wyman, May 16th, 1879.

Smith, Henry, Assistant Surgeon. To proceed to Washington, D. C., as escort to an insane seamen, June 5th, 1879. Granted leave of absence for thirty days, June 20th, 1879.

Godfrey, John, Assistant Surgeon. To proceed to Pensacola, Apalachicola and Cedar Keys, Fla., as inspector, May 17th, 1879.

Keyes, H. M., Assistant Surgeon. When relieved by Surgeon Wyman, to proceed to St. Louis, Mo., and report for duty to Surgeon Sawtelle, June 11th, 1879.

Glazier, W. C. W., Assistant Surgeon. To proceed to Charleston, S. C., and assume charge of the Service at that port, June 20th, 1879.

Cooke, H. P., Assistant Surgeon. To proceed to Galveston, Texas, for temporary duty during the absence of Assistant Surgeon Smith, June 23d, 1879. When relieved by Assistant Surgeon Smith, to proceed to Pensacola, Fla., and assume charge of the Service at that port, June 26th, 1879.

Philadelphia Water Supply.

Dr. Charles M. Cresson, in a recent communication to the Board of Health, says:—

"The water supplied from the several Schuylkill works is now to be classed with the purest. This result has been brought about by the gradual and steady removal by the Park Commission and Board of Health of the objectionable drainages which were located so near to the pumping stations that the corrective agencies of animal and vegetable life and light failed to produce the same beneficial effects as are exerted upon the sewage which flows into the river at more distant points.

Trichinæ in Hogs.

According to the official inspection report in Chicago, of one hundred hogs examined, eight were infected with trichinæ; and it is inferred that this proportion would hold good in a much larger number. Experiments are reported, from which justifying conclusions are drawn, that trichinous hogs generally show no evidence of being "out of health."

The Yellow Fever.

On July 17th seven cases of yellow fever were introduced into the Lazaretto, below Philadelphia, from the brig Shasta, from San Domingo. The same day five new cases were officially reported in Memphis, with signs of the disease becoming epidemic.

Nervous Affections Resulting from Alcoholism.

Dr. Martin, of the *Salpetrière*, Paris, has made a series of interesting observations on nervous affections among the offspring of alcoholic parents. His results may be summed up as follows: in 83 families in which one or more members showed nervous excitability with a history of alcoholic origin, there were 410 children. Of these, 108, more than a quarter, had convulsions, and in the year 1874 169 were dead; 241 were still alive, but 83, *i. e.*, more than one-third of the survivors, were epileptic.

Cholera and Diphtheria in the East.

A Berlin dispatch of July 16th, to the *Times*, says cholera has made its appearance in the Government of Smolensk. The terrible epidemic, diphtheria, continues its ravages in Bessarabia, where a rescript of the Governor is published, ordering a universal fumigation of the dwellings and clothing of the peasantry. The rescript states that the epidemic has now been raging seven years, carrying to the grave in some districts almost all of the rising generation.

Items.

Correction.—Wm. Henry Bower, manufacturing chemist, of this city, writes us that the mixture of chlorate of potash recommended on page 39 of this volume "is evidently a dangerous one." We thank him for the caution.

—William Emerson Baker offers $200,000 to the Public Health Association of Boston, on condition that half as much more be contributed by others. The association is devoted to investigation as to house ventilation and drainage, the sale of adulterated and otherwise unfit food, and general questions concerning health.

—In New York city, last year, while the number of deaths per day varied in January from 73 to 110, of which from 27 to 50 were children under 5, in July the daily number varied from 73 to 155, of which 37 to 105 were of these little ones. The average in the heated season is nearly double what it is in the cold months.

—The Warren Triennial Prize of four hundred dollars will be awarded next year, to the best work on Original Observations in Physiology, Surgery, or Pathological Anatomy. Essays should be forwarded to the resident physician of the Massachusetts General Hospital, on or before February 1, 1880.

—The twenty-seventh annual meeting of the American Pharmaceutical Association will be held in the city of Indianapolis, Indiana, on the second Tuesday in September (being the 9th day of September), 1879, at 3 o'clock, P. M.

Personal.

—Dr. E. P. Bennett and wife, of Danbury, Conn., celebrated their golden wedding last month. A number of friends surprised them with pleasing testimonials of esteem and affection on the occasion.

OBITUARY NOTICES.

Dr. A. H. Senseny,

Of Chambersburg, Pa., died of phthisis, July 17th. He was born in the same city, in 1811, where both his father and grandfather had practiced medicine. He was a student in the office of Dr. George McClellan, of this city, and took his degree in 1835, from the Jefferson Medical College. Three years later he married, and not less than three of his sons embraced the ancestral profession. Dr. Senseny has always ranked high as a surgeon and practitioner. His name is widely known throughout the State. He was ready to serve all, the rich and the poor alike, and many thousands of dollars would not have compensated him for the skill and labor he gratuitously bestowed. He had a remarkable gift of diagnosis, and understood at a glance what was the nature of the disease before him. He was prompt and energetic in action, and these traits manifested themselves both in language and conduct.

—Dr. William K. Brown, of Brooklyn, died of apoplexy, at Narragansett Pier, July 11th. He was nearly seventy-three years of age, one of the oldest resident physicians in Brooklyn, and a prominent member of the Kings County Medical Society.

—Dr. Benjamin Bailey died in New York last week. He was one of the oldest physicians in the State, and enjoyed a large and lucrative practice. He was born in Putnam county, in 1797.

—Mrs. Elizabeth W. Horner, widow of Dr. William E. Horner, the distinguished surgeon, formerly professor of anatomy in the University of Pennsylvania, died suddenly, on July 10th, in this city.

—Dr. John Fisher, Sr., a prominent citizen of Columbia, S. C., died July 7th, 1879, in the seventy-seventh year of his age.

MARRIAGES.

LANDIS—HORN.—By the Rev. E. Stubbs, S. M. Landis, M.D., of Philadelphia, and Miss Flora E., daughter of H. J. Horn, Esq., of New York city.

NOURSE—HOMANS.—In Brooklyn, N. Y., on Thursday evening, June 26th, by the Rev. James E. Homans, Dr. Charles J. Nourse, U. S. Navy, and Emily Louise, daughter of Benjamin Homans.

ROOSA—HOWE.—In New York, on Tuesday, 8th July, by the Rev William Adams, D.D., assisted by the Rev. Howard Crosby, D.D., Dr. D. B. St. John Roosa and Mrs. Sarah E. Howe, daughter of Mr. E. V. Haughwout.

DEATHS.

KITTREDGE.—On Sunday evening, June 22d, 1879, at the residence of his son, Ben. Kittredge, at Peekskill, N. Y., Dr. Rufus Kittredge, aged 86 years, formerly of Cincinnati, O.

PARKHURST.—In Cincinnati, Ohio, June 28th, at 6.10 o'clock P.M., Mary E., daughter of Dr. E. and Mary B. Parkhurst, aged 15 years.

SIMMONS.—On the 3d inst., at Americus, Georgia, Dr. J. R. Simmons.

VANCE.—At College Hill, O., June 27th, 1879, of consumption, Mrs. Carrie E., wife of Dr. J. W. Vance, aged 45 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1170.] PHILADELPHIA, AUGUST 2, 1879. [Vol. XLI.—No. 5.

Original Department.

Lecture.

AURAL THERAPEUTICS.

A Clinical Lecture, delivered February 27th, 1879,

BY LAURENCE TURNBULL, M.D.,
Aural Surgeon, Jefferson College Hospital.

Reported by Charles W. Karsner, M.D., Assistant to the Aural Department Jefferson College Hospital.

Gentlemen:—The reason is very often given for not recognizing aural surgery as a special department, that its advocates do not cure the many chronic cases of deafness that afterward float about from one practitioner to another, informing each that they were under the care of a specialist, without being improved. Gentlemen, is not this the case with all chronic diseases, no matter which organ of the body is affected, except it be a functional disorder? Every day of our life we hear of cases of diseases of the brain, eyes, lungs, heart, liver, kidneys, spleen, bladder, uterus, ovaries, and muscular apparatus, being discharged as incurable or to die, from the hands of the best and most learned in diagnosis, unexcelled in their knowledge of anatomy, physiology, and pathology; even experts in physical diagnosis. In the various acute affections of the human ear, I can refer with pride to the record on our clinical books, and show as good results as in any other of the out-door departments. And in our chronic cases of diseases of the ear, where there were no absolute changes, such as destruction of the organ or alteration of tissue, which so frequently follow long protracted disease, the result of our treatment will be found equal to any other department in the short period it has been in operation. (See report submitted to the Board September 30th, 1878.) A glance at the various tables in my "Manual of Diseases of the Ear,"* pages 56, 57, 58 and 59, from various authors, and our best authorities in aural surgery and medicine, will serve as a guide to the frequency of aural disease, with some results of treatment. I will briefly extract a few facts from them: of six hundred cases carefully recorded, in Howard Hospital and in private practice, the number cured was 241, improved, 194. In a similar table by Dr. Schwartze, of Halle, of 322 cases, 145 were cured and 122 improved. Of Dr. Moos's cases (chronic aural catarrh), 100 in all, there were 17 cured and 64 improved; and Prof. Gruber cured 326 cases and improved 128, in 763 cases.

A view of tables of cases will show a great preponderance of chronic affections, very many of them the result of neglected acute attacks, that were manageable if they had been diagnosed and treated in their early stages. The duration of the six hundred cases before referred to will give an idea of the neglected condition of many of the cases received by us for treatment, and our results will compare favorably, we think, with the condition of the patients when received:—

One year or less	277
Between 1 and 2 years	35
" 3 " 4 "	25
" 4 " 5 "	19
" 5 " 10 "	107
" 10 " 20 "	82
" 20 " 30 "	36
" 30 " 40 "	12
" 40 " 50 "	4
Over 50 years	2
" 75 "	1

* J. B. Lippincott & Co., Philadelphia.

In all diseases the prognosis is a matter of the gravest importance; and young gentlemen, you who are about to graduate, see that you make this a matter of careful study, and commit to memory the prognosis in most of the prominent diseases, so that you may inform your patient as to the chances, based on carefully recorded experience of others, and after a time, when you have had a sufficient number of cases, on your own account. I will refer you to my teachings on this subject, and will advise, in passing, not to give a hasty prognosis in any case, for it will depend largely upon the severity of the attack, the general health of the individual, the hereditary tendencies, and upon the duration. The great majority of practitioners, and we may say, with truth, even many general surgeons, are not well informed as to the nature of obscure diseases of the ear, and some of them are not provided with proper mirrors or a speculum to examine the ear, nor with a suitable text book, so as to understand how the ear should look when diseased (at this point the lecturer exhibited several illustrated works on diseases of the ear). Indeed, but few can tell a purulent otitis of the middle ear, with perforation of the membrana tympani, from a diffuse otitis of the meatus, and they constantly confound it with chronic suppuration of the external auditory canal, under the old term of "otorrhœa." Again, in summing up from my tables, the cases show that, instead of external disease of the ear, the majority of cases are serious and dangerous diseases of the internal and middle ear, for we find there are 742 cases of chronic inflammation and suppuration of the middle ear, to 138 cases of chronic inflammation of the external auditory canal. I am constantly receiving from well educated graduates of our own and other schools cases which, most unfortunately for the patients, illustrate this want of knowledge. A few lectures and demonstrations on the patients received at our clinic would most effectually prevent such dangerous mistakes.

I will now pass to the consideration of a few of the remedies which I find especially valuable in aural disease, and will endeavor in the brief time at my disposal to show as many cases as I can, so that you may not make such mistakes as those to which I have referred.

The action of aconite on the circulation and respiration is somewhat remarkable; after a few doses, of one to five drops of the tincture of the root, or the $\frac{1}{100}$ of a grain of the nitrate of aconitia, the number of the heart's beats are reduced to one-half the normal standard, say to forty in the minute, while it renders the breathing very much slower. Aconite affects the muscular substance of the heart and also the ganglionic nerves. Now, how will aconite act so as to be useful in ear diseases? In acute catarrh of the middle ear, with tonsillitis, in which the skin is dry, hot and burning, its judicious and careful use causes the skin to become moist, and subsequently bathed in a profuse perspiration. Acute otitis media, associated with pharyngitis, rarely fails to succumb in twenty-four hours, and the tonsils, from being livid, red, glazed and dry, will become reduced in size and bathed with mucus. And then, by the proper use of the spray or gargle of astringents, and nitrate of silver, with the Politzer air douche, the noises, pain and deafness will disappear. Another form of ear disease is chronic catarrh of the middle ear, in which the patient is very liable to catch cold, as it is often expressed. This is followed by subacute inflammation of the fauces, which become swollen, red and dry, this condition passing into the tonsils, uvula, arches of the soft palate, and up the Eustachian tubes or downward to the chest. This condition may have existed for years, with constant relapses, the whole appearance of the throat and orifices of the Eustachian tubes never becoming natural, but often clogged with tenacious mucus, or even by pus, also with patches of enlarged follicles. At other times the disease is found chiefly in the middle ear, in which, after the acute stage, there still remains fluid. This condition will be benefited by aconite, but it must be combined with belladonna or jaborandi. The dose is from one to three drops of the tincture of aconite with five drops of the tincture of belladonna, every three hours. The success of this treatment will depend upon the care with which it is followed up by a careful hardening and cleansing of the parts by means of cold outside the throat and astringents inside; above all, with the free use of quinine, in conjunction with nourishing food and outdoor exercise in fine weather. Now, there is a certain caution to be used in the use of aconite and belladonna; do not exceed the full dose in the twenty-four hours, nor trust the patient or nurse without careful watching, as aconite is an exceedingly powerful poison: one-twelfth of a grain of the crystallized alkaloid is sufficient to kill an adult. In a case of recovery from a poisonous dose (one ounce Fleming's tincture), the agents employed were twenty minims of the tincture of digitalis, hypodermically injected, and after twenty minutes, the man having revived sufficiently to swallow, a

fluid drachm of the tincture of digitalis, with ammonia and brandy, was given to him, and repeated twice within the hour, and the man recovered. The treatment of belladonna poisoning is evacuation of the stomach, opium and stimulants. Externally heat is applied, with flagellations, artificial respiration, etc.

Digitalis influences the ganglionic nerve centres of the heart and capillaries in such a way as to impart steadiness and force to the muscular fibres of the former, and improved elasticity to those of the latter, thus causing the streams of circulation to move with an equable and natural current into and out of every organ. By this regulation of the cerebral current of circulation various functional disturbances of the brain, ideal as well as sensory, like delirium, pseudopsia, tinnitus aurium, are ameliorated or permanently removed. *Quinine*, if the dose is large enough, acts on the auditory nerve centres, producing temporary tinnitus aurium or subjective sounds, which are modified by the use of hydrobromic acid in combination. It is also true of quinine that it is curative in certain forms of ear diseases of an intermittent character, or malarial neuralgia of the third branch of the fifth or trifacial nerves. Also in distressing tinnitus aurium arising in certain furunculous disease of the ear, in which the noises are a reflex irritation or action of the nervous system. *Strychnia* and its salts are agents which act in producing reflex action of the nervous system, and especially the spinal nerves; by its use loss of power or atrophy of the auditory and other nerves which supply motor and sensory action to the ear is relieved or improved. Strychnia is best administered by hypodermic injections of the sulphate, beginning with one-sixtieth of a grain daily, and gradually increasing, till by the end of a month the system of the individual may become, as we say, so tolerant as to bear one-quarter of a grain, yet we have known at such a time a slight contact or blast of air to produce convulsions or cause complete rigidity. The centres of the frontal lobes and the cerebral sensory centres, both of sight and hearing, are less amenable to the influence of strychnia than the spinal cord.

The *bromides of potassium, sodium, lithium and ammonium* exert upon reflex action an influence the opposite of that induced by strychnia; in diseases of the ear they modify it, and their influence extends to the sensory and ideal centers. It is possible by these agents to dull without destroying the reflex sensibility of the nervous system, and to act directly upon the cerebrum and spinal nerves, so that the visual and auditory centres perceive sights and sounds, and report them to the frontal lobes, where they are received with indifference. Another phenomenon which follows the administration of the bromidal preparations is that of sleep. This has been produced by its action on the vasomotor nerves, producing contraction of the capillaries, and especially so of those of the brain. Bromide of potassium in very large and repeated doses, on account of adynamia, which it sometimes causes, must frequently be suspended. In addition to weakness, retardation, and irregularity of cardiac action, the bromide of potassium may give rise to præcordial pain, or will sometimes improve the appetite and nourish the patient. In such cases it should be taken at meal times, or after, in a tumbler of milk. Bromide of sodium is a milder preparation, more easily borne by the stomach, and is to be preferred in the cases of nervous women, old people, or children, as it can be added to soup in the place of common salt. This can be employed in the various forms of nervous affections of the ear, in the dose of 15 to 30 grains in solution with syrup of red rose, as it is readily deliquescent, and will not keep in powder. The bromide of ammonium is a more stable preparation, and is best given with syrup of orange peel, in doses from one half to two drachms daily. This acts well in all spasmodic affections of the throat, larynx and glottis in children, as well as in hysterical persons, who often suffer from subjective noises in the brain and ears. Then there is another of the class which is termed the brominated camphor. This, like the hydrate of chloral, is an antidote to strychnia in doses of fifteen to thirty grains; also useful in nervous palpitations of the heart in 3½ to 4½ grains several times a day. It has also been found useful in sexual excitement and pollutions, attended with various noises in the head or ears, but in very stubborn cases the bromide of potassium with opium or tincture of veratrum viride (two or three drops on sugar, continued until slowing of the pulse is attained) acts sometimes much more satisfactory. In irritation from cold of the throat, nose or bladder, in doses of from three to eight grains, we have found the bromated camphor to remove the annoying difficulty. The *bromide of zinc* is to be prescribed only in pill, from 1½ to 2 grains, and gradually increased to 6 grains. It is found particularly useful in hysterical muscular spasm of the intrinsic or extrinsic muscles of the ear.

Chloral hydrate is very valuable in the pain of megrim, clavus, sick headache, in five-grain doses every three hours. This agent is also very

useful when associated with the bromides in neuralgia of the fifth, also the occipital and auricular nerves of the ear.*

Exhibition of Cases of Ear Disease.

The first set of cases which the Doctor brought before the class were diseased conditions of the auricle, as fibrous and other tumors, eczema, hemorrhagic and polypoid growths of the meatus, furunculous abscesses, with desquamative epithelial inflammation, and compared these, showing them the ordinary form of impacted cerumen, proving how very important it was to make a correct diagnosis, which, he stated, could best be accomplished by having seen and examined for themselves each variety of ear disease.

The second series of cases consisted of acute otitis media, catarrhal and purulent, occurring as the result of cold and of the exanthemata, the first occurring in the adult, the second in children. The new method of treatment was then shown the class by means of the "Gruber cones" of gelatine and glycerine, which he considered a great improvement over the old form in the hands of the patient.

The third class, six in number, which the Doctor exhibited, were cases of each variety of perforated membrani tympani, with disease of the middle ear, from the minute point of perforation to the case of almost entire loss of the membrane; also a rare case in a young lady who had a double perforation in one ear, and a single perforation in the other, which followed pneumonia. The lecturer brought one case of perforation before the class, who was able when the class was very still to pass the air so audibly through the Eustachian tube and perforation as to be heard by almost all present. Three clinical assistants went round the class, and with the proper speculum and mirror were able to show the students most of these interesting cases. The great importance of careful cleansing of the ear was dwelt upon, and all the most approved apparatus were shown and their mode of use explained.

A fourth class of cases were then exhibited, of acute and chronic disease of the ear without perforation, and the Doctor dwelt at some length upon alcohol and tobacco disease of the throat, Eustachian tubes, and middle ear, and in an illustrative case showed the decided improvement from giving up entirely the use of the *weed*, and the advantages of injections of warm solutions of glycerine in water into the middle ear by means of the Eustachian catheter and air douche.

At the conclusion of the lecture, which was listened to with deep attention, the Doctor dwelt upon the importance of each of the new graduates being prepared to treat diseases of the ear properly; because the first case which will present itself on opening an office may be an adult suffering from acute disease of the ear, or some little one on the very brink of convulsions from the same cause, which, if not recognized, might be bled and blistered for disease of the brain.

* For details of the action of this drug the Lecturer referred to his "Manual of Anæsthetic Agents, and their Employment in the Treatment of Disease," second edition, p. 209, published by Lindsay & Blakiston, Philadelphia, 1879.

Communications.

THE RELATION OF AGE AND THE SEASONAL DEATH RATE.

BY T. S. SOZINSKEY, M.D., PH.D.,
Of Philadelphia.

In an article published in this journal some time ago, I presented abundant evidence to show that the death rate in the United States as a whole and in the city of Philadelphia varies with the season of the year. I now propose to determine whether the seasonal death rate varies also at different periods of life, and try to find out the reason or reasons for any variations which may be found to exist. In studying this interesting and by no means unimportant subject, nothing of consequence could be gained by dwelling on statistics of the nation at large, even if such were accessible. It is proper to limit the territory from which the mortality statistics are drawn, so that the meteorological conditions of different parts of the year may be kept as free as possible from conditions which may be called climatic, using this term to express the general yearly character of the weather at different places. For purposes of comparison the meteorology and the mortality of particular places might be studied to some advantage; but in undertaking to make comparisons of this kind one would be very liable to be misled, for the local physical conditions, the length of time a place has been settled, and the race, density, habits and customs of the population, have much to do with the death rate. A suitable standard for comparison is to be found in the average mortality of the place for a few years past; and this is the one I will adopt. I say the average for a *few* years past, because the average for a long series of years includes the effects of change in the local conditions, which may be very important in character, not to mention change in

the ways and nature of the population. My meaning will be clear when I say that the relative mortality from different diseases is not at all the same now as it was a number of years ago, in most large cities, although the ordinary meteorological data furnish little or no proof of change. Thus, in London malarial fevers, in the time of Sydenham and long afterward, were the great perennial scourge of the population; while, at present the number of deaths from these diseases is very small, the cause being mainly better drainage and sewerage. A somewhat similar statement might be made in regard to Philadelphia. The relative mortality of the months at present compared with what it was fifty or a hundred years ago must be attributed largely to changed local sanitary conditions. How great the difference is in London I pointed out in my essay referred to above, and in Philadelphia it is also very marked within the last three quarters of a century. In his valuable analysis of the mortality statistics of this city for twenty years, beginning with 1807, the date when systematic registration of deaths and their causes began, which appeared in 1827, in the first number of the *American Journal of Medical Sciences*, Dr. G. Emerson found the order of mortality of the months to be—beginning with the one in which it is greatest: August, July, September, October, June, March, April, November, January. December, May, February. It will be noticed that the order for that period is very different from what it has been of late, by comparing it with the order for the fifteen years ending with 1875, which is as follows: July, August, March, January, April, May, December, February, June, October, September, November.

Of course, it will occur to the reader that, as hinted in the article referred to above, it is impossible to expect the mortality at different periods of the year to reflect precisely the state of the weather, for the reason that man's intellect enables him to make more or less successful efforts to place himself on agreeable relations with external conditions by regulating his clothing, shelter, food and habits in general. It is only in the vegetable kingdom that cause and effect are here at once apparent. In the forming buds, blossoms and fruit, and the disappearance of these, we can in our trees note the coming and going of the seasons, and from the flora of a place tell a good deal about its climate. I am impressed with the failure of ordinary human care to entirely circumvent the effects of change of atmospheric conditions, by some leafless tea-plants which are before me as I write. Although they have been well attended to since the cold weather set in, it is doubtful whether there is now sufficient vitality in them to respond to the reviving breath of spring. Whatever seasonal difference exists in the human death rate is expressive of the degree of failure of the race to duly antagonize atmospheric vicissitudes, either direct or indirect. It is well to say that under the head of atmospheric vicissitudes may rightly be included all changes in the atmosphere, whether of composition or other qualities, due to gaseous and other emanations from the earth. Until we can and do systematically recognize these modified states of the air, arising from local conditions, medical meteorology will lack much of being exact; and while this is so medical science will not advance as it should. Here I would observe that the practical medicine of our day takes far too little notice of the media in which people exist; it is confined far too exclusively to efforts to change the state of the system through the forces that are at play within, and in opposition to those that are antagonizing these from without. A knowledge of the philosophy so admirably expounded by Herbert Spencer would be of use to physicians. I cannot help quoting several pregnant passages from him. Says he (*Principles of Biology*, 1864), "Change of every order is toward equilibrium, but we have also the truth, which holds throughout the organic world, that life itself is the maintenance of a moving equilibrium between inner and outer actions—the continuous adjustment of internal relations to external relations; or the maintenance of a correspondence between the forces to which an organism is subject and the forces which it resists." A definition of life quite similar to that of Bichat, which is that "life is the sum of the functions which resist death." Again (ibid.), "Those changes which enable a species to live under altered conditions are always toward equilibrium with the altered conditions. . . . A factor which does not act continuously or frequently on the individuals acts continuously on the species as a whole, either destroying such of the members as are least capable of resisting it, or fostering such of the members as are most capable of taking advantage of it."

Taking the years 1875, 1876 and 1877 as the period for my study of the relations of the meteorology to the mortality in Philadelphia, I will begin by giving the former, and in the form of monthly averages for the three years on the average, and for the last of these alone—gaining in this way data for important comparisons. Monthly averages being more definite than quar-

terly ones, are better; and it would be still better perhaps, to make them shorter: but the influence of meteorological changes not being immediately manifest in the death rate, it is well to deal with considerable periods, periods long enough to cover at least the usual length of time from the inception to the crisis of acute diseases. Many of the deaths of some weeks might properly be referred to influences at play a week, or month, or longer before. It would be far more instructive to study the relation between the prevailing meteorology and the sickness rate than the death rate, but unfortunately the former can be but very imperfectly known. If all physicians could and would scientifically study the meteorological influences under which the disorders of their patients originated, preventive medicine would doubtless reap great advantage from the practice.

I do not pretend to be able to give the meteorology of Philadelphia in anything like a complete form. No systematic observations of the varying amounts of electricity and other more or less active agents in the air are made. Most of the figures I will give are calculated from data furnished by the U. S. Signal Service officers, and may be taken as correct so far as they go. It is well to remember, however, that observations made at an altitude of thirty or forty feet do not indicate the character of the air near the ground, which is most subject to variations; let no man delude himself by supposing that the results of such observations constitute anything more than approximate medical meteorology. Each ward, each square, each house in the city has a meteorology of its own, which every physician seriously interested in etiology, yes, and therapeutics, should study.

The following table gives the maximum, the minimum and mean of the thermometer (Fahr.), as determined by observations made at 7 A.M., 2 P.M. and 9 P.M. daily, for each month of the year for the three years, on the average, and for the last of these alone:—

	MAX.	MIN.	MEAN.	MAX.	MIN.	MEAN
January	54.5	6.0	30.7	49	8	28.4
February	59.6	7.0	32.3	60	16	36.9
March	64.6	12.0	36.8	67	15	38.2
April	75.0	26.6	48.2	80	30	50.0
May	88.0	39.6	61.0	90	41	60.7
June	93.6	52.3	72.1	93	54	71.7
July	95.6	60 6	77 0	95	61	77.8
August	89.6	59 0	74.0	93	63	75 5
September	87.3	46.3	64 9	84	48	66.8
October	76.0	35.6	53.9	79	41	57.4
November	69.0	17.6	43.9	68	22	46.6
December	59 0	10.0	34.2	63	22	40.6

The following table gives the maximum, the minimum and the mean of the barometer, as determined by observations made at 7 A.M., 2 P.M. and 9 P.M. daily, for each month of the year for the three years, on the average, and for the last of these alone:—

	MAX.	MIN.	MEAN.	MAX.	MIN.	MEAN.
January	30 682	29.481	30.185	30.647	29.243	30.163
February	30 733	29.267	30.117	30.565	29 402	30.084
March	30.537	29.221	30 048	30.582	29.120	30.001
April	30.458	29 504	30.002	30.403	29.419	29 983
May	30.388	29 5 6	30 014	30.389	29.460	29.993
June	30.250	29.675	30.009	30 293	29.611	29.997
July	30 265	29.700	29 980	30.264	29.703	29 953
August	30.265	29.737	0 013	30.223	29.689	29.954
September	30.346	29.619	30.032	30.328	29.718	30.077
October	30.512	29.441	30.065	30.532	29.391	30.062
November	30.587	29.463	30.067	30.618	29 314	30.127
December	30.688	29.266	30 082	30.630	29.342	30.179

The following table gives the mean relative humidity and the rainfall (and snow melted), in inches, for each month of the year for the three years, on the average, and for the last of these alone:—

	HUM.	RAIN.	HUM.	RAIN.
January	72.3	2.32	76	2.62
February	66.3	3.02	64	.84
March	68.3	4.40	68	3.40
April	57.3	2.55	60	2.66
May	56.6	2 30	54	1.10
June	65.6	3.88	67	5.22
July	66.3	4.95	70	5.53
August	71.3	2.68	60	.66
September	68.6	4.71	70	2.74
October	68.0	3.00	74	6.52
November	70 3	3.95	72	5.14
December	74.0	1.86	73	.83

The following table gives the number of times the wind was found blowing from each of the directions named, as observed at 7 A.M., 2 P.M. and 9 P.M. daily, for each month of the year for the three years, on the average, and for the last of these alone:—

	N.	N. E.	N.W.	W.	S. W.	S. E.	E.	S.
January ..	12.0	0.6	21.6	19.3	15.0	2.0	12.6	.6
February..	13.0	8.6	25.0	13.3	8.0	2.0	11.3	3.6
March	18.0	8.3	21.0	7.6	12.3	3.6	17.3	4.6
April.	18.6	8.6	16.0	10.3	10.3	4.0	17.0	5.0
May.....	15.0	6 3	9.6	17.0	19 3	3.6	14.3	7.6
June	6.0	5.6	8.3	20.0	27.3	2 3	8.6	11.6
July.....	10.3	8.6	14.0	19.0	16.0	4.0	12.3	8.6
August ...	7.6	7.3	11.6	13.6	18.3	4.0	18.3	12.0
September	11.0	13.3	12.6	13.3	14 3	4.0	15.6	5.6
October....	11.3	9.0	17.0	17.3	20.3	3 0	9.6	5.3
November.	17.0	11.6	16.0	12.3	12.6	2.3	13.0	5 0
December..	11.3	12.0	22.6	17.0	11.0	0.3	16.3	2.3

	N.	N.E.	N W	W.	S.W.	S. E.	E.	S.
January	19	9	16	25	5	2	16	1
February	24	8	17	20	3	1	11	0
March	21	6	17	6	19	2	20	2
April	13	13	9	9	7	7	29	3
May	23	8	9	20	13	2	14	4
June	6	7	7	21	25	3	12	6
July	7	11	12	20	10	5	16	3
August	15	5	15	18	18	1	14	7
September	11	18	12	8	19	5	8	9
October	7	17	15	13	28	5	2	6
November	14	10	16	13	18	3	9	7
December	4	21	21	17	20	0	5	5

The following table gives the number of miles of wind for each month of the year, for the three years, on the average, and for the last of these alone:—

January	7611	6907
February	8270	7907
March	9889	11425
April	8318	8627
May	7731	7449
June	6750	6661
July	6322	6241
August	6004	6059
September	6196	6191
October	7265	7371
November	8112	8889
December	8278	7966

The following table gives the state of the weather, as noticed at 7 A.M., 2 P.M. and 9 P.M. daily, for each month of the year for the three years, on the average, and for the last of these alone :—

	FAIR.	CLOUDY.	RAIN.	CLEAR.	SNOW.	FAIR.	CLOUDY.	RAIN.	CLEAR.	SNOW.
January	25.0	31.6	8.6	24.0	3.6	27	24	12	25	5
February	20 6	19.0	10.0	20	3.3	25	18	5	35	1
March	19.6	28.3	11.6	27 0	6.3	17	27	17	25	7
April	26.0	24.6	8.6	30.3	0.3	22	26	13	32	0
May	29.3	19.6	8.6	35.3	0.0	31	20	6	36	0
June	40.0	21.0	5.0	24.0	0.0	40	28	5	17	0
July	46.0	20.6	7.6	18.6	0.0	38	22	11	22	0
August	31.0	31.6	6.6	23.6	0.0	30	35	4	24	0
September	24.6	24.0	13.6	27.6	0.0	24	31	11	24	0
October	24.5	25.0	8.3	35.0	0.0	27	21	11	34	0
November	19 0	27.6	13.6	29 0	0.6	15	26	12	36	1
December	19.0	30.0	12.0	27.3	4.6	21	30	5	39	0

The following table gives the time the sun is above the horizon, per month, calculated for the year 1879 :—

	HOURS	MINS.
January	300	13
February	298	4
March	370	35
April	398	21
May	445	45
June	448	3
July	454	59
August	425	2
September	373	41
October	315	13
November	299	7
December	290	31

These tables give all the data necessary to convey a complete understanding of the ordinary meteorology of Philadelphia. It would be interesting to point out in detail the influences which determine the climate of this city, but I cannot enter fully into the complicate subject now: a few brief statements bearing on it must suffice here.

The city of Philadelphia, which includes the whole county of the same name, an area of 82,700 acres, is situated in north latitude 39° 57′, and west longitude 75° 10′, and had in the Spring of 1876, the time when the last census was taken, a population of 817,448. It is located on and west of the flat tongue of land bounded by the Delaware and Schuylkill rivers, which unite about three miles south of the limit of the built-up portion, to form the Delaware bay, which is navigable by the largest steamers. These rivers are large; the former, near its mouth, being almost a mile, and the latter about half a mile in breadth. In both, near their union, the tide is very observable; in the Delaware the rise averages five feet, and is observable over thirty miles above the city. The water is fresh for over fifty miles down the bay, which is one hundred miles in length. The site of the city is from twenty to fifty feet above the level of the sea, from which it is distant in a bee-line eastward about fifty miles, and consists geologically of tertiary deposits resting on primitive rocks. It was covered, for the most part, with a heavy forest when the city was founded (1682); but doubtless it was overswept by the sea at a no very remote date in geological time. Philadelphia, however, is perhaps more dependent on its relative than its actual geographical position and its site, for its climate. The immense territory to the west, southwest and northwest, and the ocean with its great current, the Gulf Stream, to the east and southeast, are very potential in their influence. This great northeastern current, the water of which is from fifteen to twenty degrees warmer than that which surrounds it in the 40th parallel of latitude, has much to do in bringing about the dry, cold northwesterly winds which are so marked a feature of the climate of Philadelphia during the colder half of the year; and this feature would be more marked if the course of the stream were the same in winter as in summer. In winter it does not come so close to our coast as it does in summer, and in this way lets a considerable current from the north sweep into the west of it, which not only diminishes the force and frequency of the northwesterly and westerly winds, but not unfrequently succeeds in making itself felt in the form of a northeast wind, which is anything but agreeable in nature. In the frequency of southwesterly winds in the warmer half of the year, in Philadelphia, the Gulf Stream becomes again apparent. In the Atlantic States it is rare for a storm to take any other course than northeasterly, a fact pointed out by Franklin; when it does occur, it is generally in the autumn, when the air of the interior of the continent tends to be comparatively very rarefied. Southwesterly storms are mostly preceded by northeasterly winds and rain, and followed by westerly winds and clearing weather.

The direction of the wind has much to do in determining the humidity, and to some extent the rainfall. Northerly winds are dry as a rule, while southerly winds are the reverse. Of course a precipitation of rain or snow is due to a reduction of the temperature of the air to or below the dew point, and this occurs either from the air

ascending to a higher and consequently a colder plane, or the immediate contact of two or more bodies of air of temperatures sufficiently different to result when united in a figure below the dew point. The centre of the area of low barometric pressure is where the bulk of precipitation will occur. Did space permit, it would be profitable to dwell at length on the relation of temperature to humidity—a branch of meteorology which has not received the attention which it deserves. In Boyle's *Memoirs for a General History of the Air* (1725) occurs this seemingly paradoxical statement: "I am informed by two gentlemen of the province of New Hampshire, New England, that both the coldest wind of that country in the winter and the hottest in the summer is the northwest." Thanks to the labors of Prof. Tyndall, in regard to the diathermancy of different gases and vapors, begun in 1861, this can now be easily explained. While oxygen and nitrogen and pure air itself are almost entirely diathermous, the absorptive power of moisture is very great. It seems that a molecule of aqueous vapor has 16,000 times the absorptive power of an atom of oxygen or of nitrogen; and carbonic-acid, marsh gas, ammonia, etc., are also extremely absorptive. Now, when the sun shines on an atmosphere that is dry, his rays pass through it in all their power, but when the air is damp the rays are much weakened before they reach the earth. On the other hand, when the air is dry, the heat from the earth radiates into space much faster than when it is moist. The importance of these facts from a medical standpoint is very great. All the agents just mentioned as powerful absorbents of heat are found in greatest abundance near the earth; consequently, they absorb a large amount of the heat radiated from the earth —which, it must be borne in mind, is the chief source of the heat diffused in the atmosphere. Usually over ten per cent. of the heat from this source is absorbed within ten feet of the ground, a fact which makes it seem rather absurd to place meteorological instruments at an altitude of forty or fifty feet, so far as sanitary science is concerned. The acute intellect of Bacon came near to seeing through this matter of the relation of temperature to humidity, as indicated by the following interesting passage from his *Natural History*: "Starlight nights, yea, and bright moonshine nights, are colder than cloudy nights. The cause is the dryness and fineness of the air, which thereby becometh more piercing and sharp; and, therefore, great continents are colder than islands." I believe that a careful study of this subject would enable that excellent student of meteorology, Mr. Lorin Blodgett, to understand why the heat of summer in the greater portion of the United States rises higher than it does in most tropical countries, as well as why the cold of winter becomes at times so great—facts which he, in a paper read before the American Public Health Association, in 1873, pronounced to be inexplicable.

I will not make lengthy comments on each of the meteorological tables; they will be clear enough to every one of ordinary intelligence. I will confine myself to a few running remarks.

The order of succession of the months, according to the average temperature, is as follows, beginning with the one in which it is the lowest: January, February, December, March, November, April, October, May, September, June, August, July. The order of the months according to range of temperature, is as follows, beginning with the one in which it is greatest: February, March, November, December, April, May (same as last), January, June, October, September, July, August. The highest temperature recorded was in July, 1876, when it went up to 100°; and the lowest was in January, 1875, when it went down to —5°. This gives a difference or range of 105°. The order of the months, according to temperature, is the same for 1877 as for the three years, on the average, save that March comes in advance of December. The order, according to range, differs considerably; it is as follows: March, April, May, November, February, January, December (same as last), June, October, September, July, August.

I may remark of the table of the barometric pressure, that the instrument used in making the observations stands 46.9 feet above the level of the sea, for which, as well as the temperature and instrumental errors, the readings have been corrected. As might be expected, the pressure is less in summer than in winter. At all seasons of the year it, as a rule, falls when the wind becomes southerly, and rises when it becomes northerly. The following is the order of the months, according to the degree of pressure, beginning with the one in which it is greatest: January, February, December, November, October, March, September, May, August, June, April, July. The following is the order, according to the range, beginning with the one in which it is greatest: February, December, March, January, November, October, April, May, September, June, July, August. The order for 1877, according to temperature, is as follows: December, January, November, February, September, October, March, May, June (same as

last), April, August July. The order, according to range, is as follows: March, January, November, December, February, October, April, May, June, September, July, August.

The relative humidity or degree of saturation of the air is of greater sanitary significance than the rainfall, but both are important. In a city the rain washes the air, as well as the streets and sewers, of many impurities, the presence of which would be prejudicial to health. It should be remembered that the relative humidity is not always, or even generally, high when rain falls, which is easily understood when it is borne in mind that the state of the higher atmosphere may be and is very different, generally, from that of the lower. December is the month in which the relative humidity is highest, but it is the one in which the rainfall is least. The following is the order of the months, according to their mean relative humidity, beginning with the one in which it is highest: December, January, August, November, September, March, October, February, July (same as last), June, April May. The following is the order for 1877: January, October, December, November, September, August, March, June, February, April, May.

The following is the order of the months according to the rainfall, beginning with the one in which it is greatest: July, September, March, November, June, February, October, August, April, January, May, December. The following is the order for 1877: October, July, June, November, March, September, April, January, May, February, December, August.

The table of the winds does not indicate the occurrence of "calms," which were observed on two or three occasions in the autumn of each year: these I have placed under the heading to which I suspected them to be most closely related. The prevailing direction of the wind each month of the year is as follows: In January, northwesterly; in February, northwesterly; in March, northwesterly; in April, northerly; in May, southerly; in June, southwesterly; in July, westerly; in August, southwesterly (easterly as often): in September, easterly; in October, southwesterly; in November, northerly; in December, northwesterly. For 1877, the prevailing wind in January was westerly; in February, northerly; in March, northerly; in April, easterly: in May, northerly; in June, southwesterly; in July, westerly; in August, westerly (southwesterly as often); in September, southwesterly; in October, southwesterly; in November, southwesterly; in December, northeasterly (northwesterly as often). The north wind is commonest in April and rarest in June; the northeast is commonest in September and rarest in June; the northwest is commonest in February and rarest in June; the west is commonest in June and rarest in March; the southwest is commonest in June and rarest in February; the southeast is commonest in April (same in September) and rarest in December; the east is commonest in August and rarest in October: the south is commonest in August and rarest in January. The relative frequency of the winds is indicated by the following figures: North wind, 151.1; northeast, 108.8; northwest, 195.3; west, 180.0: southwest, 184.7; southeast, 35.1; east, 166.2; south, 71.8. The south, the east, and the southeast are, as a rule, very moist winds; next comes the northeast, next the southwest, next the west, next the north, and last of all the northwest. The east wind blows on the great majority of the occasions of snow or rain during the first four months, and on a majority of the whole year. A sudden veering of the wind from a southerly to a northerly point of the horizon is generally attended with more or less of a precipitation, and the same is true when it veers from a northerly to an easterly direction. The wind blows only occasionally as long as twenty-four hours in one direction; four days was the longest period in the year 1877.

The order of the months, according to the number of miles of wind, is as follows, beginning with the one in which it is greatest: March, April, December, February, November, May, January, October, June, July, September, August. The order for 1877 is as follows: March, November, April, December, February, May, October, January, June, July, September, August. It must not be forgotten that February has three days less than some of the other months. The northwest wind is, as a rule, the most violent. The great storm of October 23d, 1878, which attained the, perhaps, unprecedented velocity of seventy-five miles an hour, was from the southeast by east.

I may digress here to observe that the direction and force of the winds are very important from a medical standpoint, and are far less studied than they should be. How many physicians in Philadelphia are prepared to say what the physiological effects of a change from a northerly to a southerly wind in January are, or the effect of the same change on the prevalence of smallpox or any other disease? The early cultivators of medical science were fully alive to the importance of winds. In the "Aphorisms" of Hippocrates the subject is dwelt on at length

and instructively. The character of each of the winds, however, both in Greece and Rome, is very different from what it is in nearly all sections of the United States. In his work, "De Medicina," Celsus gives these broad generalizations, which still hold good, at least, in the south of Europe: "Generally, in every place, a wind that comes from the inland parts is healthful; one from the sea is sickly." A southerly wind coming off the sea, being warm and moist, is oppressive. It is worth while to quote here the following passage bearing on this subject, from the work of Boyle, referred to above: "It is evident that, according to the vehemence or slackness of the wind, and the places from which and to what quarter it happens to blow, various effects ensue, especially in animate bodies; and this is not only as it is attended by cold and heat, moisture and dryness, but considered as an aerial stream, whereby it fans the places through which it passes, expels the stagnant air and introduces fresh; hence it doubtless may contribute to many changes in the health of animals, but especially in the tender sort of them." One broad generalization which it is well to bear in mind is this: southerly air is generally moist, while northerly air is dry. This, with their differences in temperature, furnishes a clue to the explanation of the following rather emphatic remarks taken from Bacon's interesting *Natural History of Winds:* "While the south wind blows men's breath grows ranker, all creatures' appetites decay, pestilent diseases reign, men wax more slow and dull; but when the wind is northwardly men are more lively, healthful and greedy after food."

Of the "state of the weather" table it is well to explain that under the head of "fair" is included the half dozen or more instances in which a hazy state of the atmosphere was observed. The prevailing state of the weather is, in January fair, in February clear, in March cloudy, in May clear, in June fair, in July fair, in August cloudy, in September cloudy, in October clear, in November clear, in December clear. In 1877 the prevailing state in February, April, May, October, November and December was clear; in January, June and July it was fair; and in March, August and September it was cloudy. Snow falls most frequently in March, next in December, next in January, next in February, next in November, and least often in April. It is very rare that there is any in any of the other months. It must not be supposed that the state of the heavens is of little or no consequence so far as health is concerned. It is no exaggeration to say that the human system sympathizes with the clouds; that the pulsations of life are subject to the flitting vapors of the sky. A little floating belt of moisture may shear the withering rays of the sun of their fatal influence, or at another period of the year cut off those that are necessary to keep the vital spark alive.

It is certain that the difference in the number of hours of sunlight of the different months of the year has a great influence on the state of health and strength. The relation between life and light is intimate, as can be easily demonstrated. Thus if two similar solutions are placed, one in the light and the other not, in a short time numbers of animated creatures will soon be developed in the former, while none will appear in the latter for an indefinite length of time. It is true, however, that sunshine in large amount is entirely destructive to bacteria and other low organisms—a fact that should not be forgotten in studying the etiology of epidemic and endemic diseases. From the table of the number of hours the sun is above the horizon, it will be observed that in July there is not a very great deal less than twice as much sunlight as in December, to say nothing of its greater intensity. People who live closely in dark rooms are comparatively weak, and succumb easily to disease of any kind. Doubtless the condition of people in December, as compared with what it is in July, is somewhat similar. An excess of light, however, is perhaps injurious to many.

The excellent and still improving system of weather prediction of the United States Government, which has been in operation since 1870, should be appreciated by physicians. Guided by the daily reports, few, if any, atmospheric changes should overtake any one unprepared. I would here say that the possibility of predicting the approach of storms is by no means as recent a discovery as many imagine. In an article in the *American Journal of Science and Arts* (1871) Prof. Abbe gives the credit of it to Franklin, whom all men justly delight to honor, but any one who turns to Bacon's work, referred to above, will find that the fact was not unknown to him. Says he, "Seeing progression is always from some certain place or bound, inquire diligently, or as well as thou canst, concerning the place of the first beginning, and, as it were, the spring of any wind, * * * as, for example, if the vehement northern wind which blew at York such a day, do blow at London two days after."

(To be Continued.)

The Half-yearly Compendium is now ready.

TREATMENT AFTER AMPUTATION, ESPECIALLY WHERE SUPPURATION OF THE FLAPS HAS OCCURRED.

BY H. L. GETZ, M.D.,
Of Marshalltown, Iowa.

In a recent case of amputation of the leg in its middle third, for a railroad injury, suppuration of the flaps occurred. I did not do the amputation, but was called to take charge of the patient about a week after the operation, when the surgeon in attendance gave it as his opinion that the patient could not recover. The entire limb, up to the hips, was enormously swollen and erysipelatous; wound gaping, and no signs of healing, but looking very unhealthy. Seeing that there was no chance for the parts to heal other than by granulation, I removed plasters and what sutures remained, to give free exit to the pus, using carbolic acid freely, as a dressing, and tonics of quinine and iron internally, in full doses, and soon had the satisfaction of finding the parts assume a more healthy appearance and the patient's bad general symptoms replaced by symptoms more favorable. But now there was something else to contend with; the anterior flap had sloughed so much that it could not be drawn over the end of the tibia, the latter projecting half an inch; it seemed now as though the bone would not be covered unless one inch or more of the bone was removed; this I would not do, on account of the patient's condition, fearing that he might relapse into the same state he was when I first saw him.

Not being able to bring the edges of the flaps together with plaster, in the usual way, and not even partially without giving the patient much pain, it now occurred to me that it would be a good plan to apply strips of adhesive plaster to each flap, extending them up the limb eight or ten inches. To these I applied cord and weights, giving the patient no pain and covering the bone more nearly than I could possibly do applying them in the usual manner. I did not even expect that I would be able to cover the bone entirely without removing at least a small segment. To my great satisfaction, however, the bone closed over entirely, and a good stump was the result; I see no other plan that could have been adopted giving such favorable results. I believe that the treatment of flaps in amputations of the extremities (where union does not take place by what is known as first intention), should invariably consist of adhesive strips and weights, instead of applying the strips as has been done formerly. The advantages are as follows:—

1. Everything is gained by strips and weights that can be accomplished in the old way.
2. Free vent is given to the pus.
3. The vitality of the flap is not interfered with by compression.
4. It is much less painful to the patient.
5. The ends of bones can be made to heal over, which could be done in no other way.

APPEARANCE OF THE TONGUE IN DISEASE.

BY J. A. HENNING, M.D.,
Of Red Key, Ind.

When a physician commences to examine a patient, generally his first request is "Let me see your tongue." The patient protrudes it a few moments, and other symptoms are examined as promptly. The doctor rarely stops to study what condition of the system is expressed by the appearance of the tongue, but only to see whether the secretions are torpid or lively. I have noticed physicians, and even professors of colleges, to thus hastily examine the tongue, and say nothing about its peculiarity or indications. When I first commenced to practice I would, as is the custom, look at the tongue, but I did not know what I could learn from it. Yet I knew very well that the peculiar appearance in different forms, and even in the same disease, with its changes, meant much more than I knew about it. Then I would look at my text books, but, aa a general thing, they gave me very little light on it.

The appearance of the tongue will tell us, 1st. The condition of the digestive organs. 2d. Function of nutrition and assimilation. 3d. The nervous system. 4th. The condition of the blood. All of which we want to know from every patient before we can make, in many cases, a rational or scientific prescription.

Some of the peculiar appearances of the tongue in numerous diseases are the broad, white-coated, pallid tongue; or the deep red, sleek tongue. Then we have the pinched, shrunken, elongated, full, yellow-furred, violet, dark brown tongue, with many other varieties.

We shall not attempt to describe all the above appearances, as found in various diseases, but only call attention to the first two forms.

1. The broad, pallid, white-furred tongue, whether found in acute or chronic disease, and even in the same disease at different stages, it matters not, always indicates the want of the alkaline elements of the body. The patient that has such a tongue never wants an acid drink,

because his system is already acid whether the acid is in the stomach or blood it matters not. In such cases, with our usual prescription we must give alkalies, such as sulphate or bicarbonate of soda, in order to neutralize the acid. Then, and not till then, will our remedies act kindly and much more promptly, and the patient improve more rapidly. Now, if acids are prescribed when the tongue is broad and pallid, the system being full of acids already, it will be seen at once that no improvement could or should be expected. I remember, before I was aware of this rule, I could not see why my remedies did not improve the patient; but now I give the proper alkali, removing the acid; then the remedies act more promptly, the tongue changes to a better appearance, and the patient improves correspondingly. This acid condition of the system is probably more often found in acute than in chronic diseases; at least, that is my observation. It needs but a trial to test this principle; I have never known it to fail. I do not pretend to explain why the tongue looks thus when there is a superabundance of acid in the system.

2. The deep red, sleek tongue, with a slight coat at the base, indicates just the opposite condition; here the system is in an alkaline state, no matter in what form of disease. Then some kind of acids must be given, to neutralize the superabundance of the alkali, before other remedial agents will, or even can, have a good effect. All persons that have this peculiar tongue desire acid drinks. This tongue is often (though not always) seen in erysipelas, typhoid fever, and many other diseases, where the tr. chloride of iron or muriatic acid will be the leading remedies. But if the system was in an acid condition, known by the broad, pallid tongue, those remedies would do more harm than good. Now I do not wish to inculcate the idea that alkalies or acids will cure any disease, but the above appearances of the tongue are indicative of specific physical conditions, and those remedies are adjuvants, paving the way and assisting specific remedies.

The other peculiar appearances of the tongue above-named each have a significance, and one very important to learn; not only being a material element in making a diagnosis and prognosis, but are also indicative of treatment. Many of our best remedies fail in chronic diseases, just for the want of this simple knowledge, and this is one reason why remedies will remove the disease in one patient and fail in another, though they may have the same disease and the same remedies. Take rheumatism: sometimes an acid treatment and sometimes an alkaline treatment will cure. Failure often lies in the physician, not in the remedies. The grand secret is to know which of the two is demanded for the particular form of the disease.

Editorial Department.

Periscope.

The Management of Acute Catarrh of the Middle Ear.

In the Louisville *Medical News*, Dr. W. Cheatham says, on this subject: Never put a poultice over an eye or an ear. It is sometimes excusable in diseases of the former organ after all hopes of vision are gone. They give relief at first, but usually leave the organs in a much worse condition than could have been expected from the primary trouble. They lead to the growth of polypi, and get the external auditory canal into such a soggy condition as to render the case almost, if not entirely, incurable. Many of you, no doubt, have seen earaches relieved by their application, but how many of you have also seen perforated drumheads that can never be healed, recurring polypi, occlusion of external auditory canal, deformity of auricle resulting from abscesses, and many other evils which could have been avoided by the proper treatment.

I place at the head of all treatment for acute inflammation of the middle ear local blood letting. One or several leeches should be applied to the tragus, leaving them there until they are filled; then the flow of blood should be encouraged for an hour or more, the number of leeches and the length of time of the after-bleeding to be controlled by the condition and age of the patient and the severity of the case. When it is impossible to get the leeches, wet cupping over the mastoid region is desirable. Next in efficacy to local depletion comes water as warm as can be borne, by means of a douche (not a syringe), or any other arrangement by which a steady flow of it into the aching organ may be acquired. A quart or more to be used in this manner, to be repeated every half hour or hour until relief is given.

If these remedies fail, do not try anodynes yet. They only mask the symptoms. If the drumhead is bulging, perform paracentesis. The operation is a very easy one. Any one capable of seeing a drumhead should be able to do it. Under good illumination pass the knife or needle used along the floor of the canal and just posterior

to the handle of the malleus; in the infero-posterior quadrant of the membrane make your puncture. Sometimes pus will escape, other times blood or serum. After the puncture is made cause the patient to perform valsalva, or inflate with Politzer's bag and blow out any fluid which may be retained there. Where there is any doubt in your mind as to the propriety of the operation because the case is not clear to you, give the patient the benefit of the doubt. With ordinary care you cannot possibly do harm, whereas by neglect irreparable injury may be done. Holes in drumheads made by knife or needle soon heal, very often before you wish; they are usually difficult to keep open.

After free vent is given the discharge anodynes may be used. Give them for their effect and not by the dose. Quiet the pain; give rest. This subject of rest was discussed very thoroughly in the last meeting of the New York County Medical Society. Drs. Agnew, Knapp, Roosa and others agreeing on the importance of it, but not in the position of the patient during the rest. Give patient his or her choice; leave it to them entirely. Should the paracentesis close, repeat it as often as necessary. I have seen it done six or eight times in one ear with excellent result.

In all ear troubles, and especially in the one of which I am speaking, strict attention should be paid to the general condition of the patient. The skin should be kept active as far as possible, to guard against cold. An hour's cold will undo many months' treatment.

On Periodic Dipsomania.

According to Dr. J. K. Barton, in the *Practitioner*, this variety includes those patients who get periodic attacks of drinking, lasting for a long or short period. In some patients the attack comes on suddenly. That is to say, they take to drinking large quantities of alcoholic fluids without any premonitory symptom. But more often than not there is noticed an alteration in character and temper that forewarns those who have anything to do with the patient. In the case of a married man, the wife can almost always tell when an attack is coming on. The length of these attacks vary very much, more especially according to the duration of the disease in the patient. In the early history of the disease the drinking bouts often last from one to three weeks, and during that time the patient is constantly drinking. As he cannot get the quantities of liquor that he requires outside anywhere, he takes to drinking in his own rooms or house. Nothing will stop him. If his friends or servants try to get him to leave off, he storms and rages and terrifies them into submission to his ways and wants. His excuse for drinking is always that he is excessively weak and nervous and requires support, and that it is absolutely necessary for his life that he should have stimulants. His appetite soon disappears, and he only makes vain efforts to partake of any food that is brought to him. Great sleeplessness and restlessness comes on, and, in fact, the patient is often on the verge of delirium tremens when the disease abates, either gradually or suddenly, and he gets fairly well. When it ends suddenly, it is generally from an attack of acute or subacute gastritis, for which he requires and seeks for medical aid. The craving for drink having also disappeared, he willingly submits to medical direction, and under judicious treatment recovers. When the attacks go off gradually there are less severe gastric symptoms, and the craving having become less, there is a diminution in the gastric and nervous troubles.

After patients have lived for several years with these periodical attacks, the duration of attack diminishes in length, and they increase in frequency; the cause of this being chiefly due to the effects on the gastric system. The stomach much sooner resents the large quantities of alcohol put into it, and consequently the drinking fits are cut short by attacks of gastritis, and often also enteritis. But from the attack being shorter, the interval of diminution in drinking also becomes shorter, so that the patient gradually goes from bad to worse.

Tests and Preservation of Surgical Instruments.

The following directions are from a work in preparation by Dr. S. Smith:—

The *tests* of the quality of instruments are as follows: Draw a cutting instrument from heel to point slowly across the *border* of the nail, and it will catch or stop at every "nick;" draw it across the *flat* of the nail, and if at any point the edge is seen to be wiry or smooth, it is soft, and must be reapplied to the hone; but if it becomes serrated, like a fine saw, the edge is brittle, and cannot be remedied by the hone. For pointed instruments, stretch upon a test drum (a contrivance for the purpose for sale by instrument makers) a very thin piece of kid, or gold beater's skin, and push the point through. If it enter smoothly and easily the point is good; but if a slight crackling noise is heard it is defective. If a lancet is tested, see-saw the edge in the opening, and if it glides over without cutting, or cuts roughly, the edge is imperfect.

The *preservation* of instruments in good condition requires careful attention to the following details: Select a place always free from moisture and dirt, for their safe keeping. Polished instruments should be suspended or placed in velvet-lined cases. After being used, every instrument should be thoroughly cleaned with warm water, and perfectly dried with chamois, or the fire, before it is returned to the case. Silver instruments tarnish when they are exposed to the air, or are brought in contact with hard or soft rubber, caustics or acids. To preserve the edge and polish of instruments, the surgeon requires two or three small hones, some fine emery paper, two or three screw drivers, small files, rouge crocus, or other polishing powder, chamois, and gold beater's or kid skin. Cutting instruments should have their blades kept in perfect order by the judicious use of the hone. Occasionally the blade must be ground by a competent workman. Blunt instruments, which are designed to enter natural or other passages, should be frequently polished with fine emery paper, and then with rouge and chamois skin, in order to remove every particle of rust, and to maintain smooth unblemished surfaces. Saws

are sharpened with three-cornered files, applied in the direction of the original cut of the teeth.

Surgical Operations on the Kidneys.

At the conclusion of a recital of a number of operations on the kidneys, Dr. L. S. Pilcher, in the *Proceedings* of the Medical Society of Kings County, New York, formulates the following statements:—

I submit the following propositions as abundantly proven:—

1. Incisions into the substance of a kidney are not in themselves especially dangerous.

2. The kidneys may recover from very considerable lesions, if complications can be averted.

3. Anatomically, the exposure or the removal of a kidney is not especially difficult or dangerous.

4. A single healthy kidney is capable of eliminating sufficient urine for the maintenance of health.

These four propositions being accepted, two conclusions logically follow. These I submit with a confident belief that they will in time become generally accepted as rules of surgical practice:—

I. Incisions into the substance of the kidneys for the exit of retained fluids, or solid concretions, or foreign bodies which have entered from without, or for purposes of exploration, are justifiable.

II. When a reasonable certainty exists that one kidney is healthy and the other is the seat of advanced and irremediable disease, its extirpation is justifiable.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. L. S. Oppenheimer, Demonstrator of Microscopy, Histology and Vivisection at the University of Louisville, sends a reprint containing contributions from the microscopical laboratory. There are several figures illustrating sections of diseased tissue.

——We have received several numbers of the quarterly published at Berne, Switzerland, devoted to the mechanics of medicine and surgery. It is in a new field and one that promises well. The journal is handsomely printed, with numerous illustrations.

——In some observations on amphoric respiration, reprinted from the *Southern Clinic*, Dr. M. L. James expresses his conviction that an adhesion of the pleural surface of a cavity to the chest wall is the usual condition by which amphoric respiration is produced. He has been surprised to see no mention made by the authorities of such a condition as the occasion of the production of this abnormal sound. The authorities recognize the existence of a large cavity with firm walls as the condition of amphoric respiration, but do not mention pleural adhesion as the particular circumstance by which those walls are made thus firm. Dr. James believes that this, though not the exclusive, is the usual mode.

——In an address delivered at the commencement of the seventh annual course of lectures of the Woman's Medical College, Chicago, Dr. C. W. Earle gives a history of the Institution, and states the demand for a woman's medical college in the West. This he explained to be that "the eagerness with which the initiative was taken by irregular schools and unscientific and irresponsible sects of doctors in the whole matter of woman's medical education, while it has done more than all other causes combined to bring discredit on the movement and to cause an intelligent public to distrust female physicians, at the same time evidenced the necessity of a college of this kind, and in this part of the country."

BOOK NOTICES.

Text-book of Physiology. By J. Fulton, M. D, M.R.C.S., Eng.; L.R.C.P., London; Professor of Physiology and Sanitary Science, Trinity Medical School, Toronto; Surgeon to the Toronto General Hospital, etc. Second edition, revised and enlarged, with numerous illustrations. Philadelphia, Lindsay & Blakiston. Toronto, Willing & Williamson. pp. 416. Price $4.00.

The author has aimed in this volume to present "a well-digested text-book," "chiefly intended for medical students." It contains few or no original studies, and omits references to standard authorities. The latter we consider a serious mistake in any work of the kind, as it is part of a scientific education to become familiar with the names and titles of the workers in science. The illustrations are only moderately well done, and are rather scanty in number. Occasionally no explanation is given of the figures and letters they contain. The text is accurate, so far as we have examined it, and for the purpose of giving students a clear presentation of the known and accepted physiological doctrines of the day, will answer very well. The author has made careful studies of the best and most recent works on the subject, and his style is clear and simple.

THE

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D. G. BRINTON, M.D., EDITOR.

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D. G. BRINTON, M.D.,
115 South Seventh Street,
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ON THE COLLECTION OF BILLS.

With the increasing keenness in competition the ancient plan of presenting bills once a year has grown into disfavor with nearly all business men. It has been found that the more nearly we can approach a cash system the better it is for all classes; and in default of cash payment, the shorter the time understood necessary for payment, the more profitable for both parties. The popular wisdom has crystallized this truth into the antithetical proverb, that "Short accounts make long friends."

Physicians have been among the last to take note of this change. In some parts of the country it is still the custom to postpone the presentation of bills to some yearly date, Jan. 1st, April 1st, or "after harvest." Much of the financial depression of the profession is owing to this bad business habit; and lately, in this city, it has been receiving the earnest attention of one of our societies, the Northwestern Medical Association. At a late meeting, called especially to consider the financial interests of the members, the following resolution was unanimously adopted:—

"*Resolved*, That a committee be appointed to take into consideration the matter of securing the coöperation of heads of departments, presidents of railroad companies, and heads of large manufacturing establishments, in the collecting of our bills for medical attendance."

It was believed that by such action the bills due physicians by employees could be rendered more secure.

One of the members of the Committee also presented a paper to the Association discussing the general question. Some of his remarks, we believe, will be read with interest by the profession at large:—

"But what can be done? A panacea for the discomforting complications of the financial problem is, perhaps, unattainable, but remedies for their alleviation should be certainly brought within the reach of the general practitioner. The natural aversion of physicians to approaching their patrons for pecuniary aid has generally led to such postponements in presenting bills, that many have come to feel that a doctor strains a point of etiquette if he presents his bill at all, and to come twice for his money is an insult! Often physicians find it so unpleasant to repeat their calls for purposes of collection, that, after a few unsuccessful attempts with delinquents, they give it up, rather than subject themselves to the humilities of the task. This phase of the problem is a demoralizing one to the crafty and dishonest, who purposely hold back payment until the pursuit for money be abandoned, through weariness or disgust. There are errors of the public practice toward our profession that woefully need correction. One indispensable condition for their correction will be found in a cordial, steadfast union of the medical profession, or any considerable given quantity of medical influence directed toward the defence of the interests of each and all together, by an unswerving demonstration that the medical profession respects itself enough to expect and to insist on receiving a fair and reasonable pecuniary remuneration, and that, too, with considerate promptness.

"'Where there's a *will* there's a *way*'—and few indeed there be who are not as able to pay the physician as he is able to lose his earnings. By accustoming all classes of patrons to an early or earlier rendering of bills, while the amount is moderate and the service fresh in memory and appreciation, the satisfaction of both people and physician will be better assured, collections will be facilitated, friendships perpetuated, and a healthier financial morale promoted. By a protective law of human nature *carrion* is offensive to the senses, and the 'dead horse' of an old bill is always obnoxious to both physician and patron!

"If the necessary perseverance of the task of collecting be distasteful or impracticable to the practitioner, then an excellent plan is the one al-

ready adopted by this Association, viz.: the employment of a reliable, earnest, courageous, persevering collector, who can collect for a large number at the same time, and in a few months perform the disagreeable task of prompting the slow, stirring the dilatory, rousing the indifferent, pressing the dishonest and marking the 'loafers and deadheads.' While a trustworthy and accomplished collector is doing this for one, he can do it for all—thus placing every physician employing him upon a fairer and better basis for knowing exactly the financial status of his business. But single-handed effort must fail, while united effort must succeed.

"It has long been the conviction of the speaker that the adoption of a system of premiums and penalties by physicians would practically facilitate a more satisfactory adjustment of their finances. Persons who might pay more promptly often do not, for the reason that there is no practical inducement, while the tendency to indefinite postponement is encouraged, because there is no disadvantage accruing to the postponer. I believe there is propriety and practical wisdom in establishing the habit of rendering accounts for medical service at the close of each consecutive service, and that the 'terms' of the physicians be printed on the blank form of their bills; these terms to embrace the incentives to promptness by a statement of a reasonable per centum rate of interest to be charged after the expiration of a reasonable length of time, if payment be deferred. Many persons habitually in arrears might be thus encouraged to make a new start, and put themselves upon reputable record."

To accomplish the objects here proposed a uniform blank for a bill has been adopted by the Association. On its face it bears the notice—

"Bills rendered monthly, or within thirty days after service."

On one of its extremities is printed—

"Ten per cent. discount will be allowed if payment is made within thirty days."

"Lawful interest will be charged after thirty days."

On the other the name of the collector chosen by the Association is given.

By these plain notices, printed on the bill, and all the members making use of the same form, anything like personality is avoided, and no charge can be brought against any one physician that he is too eager for his pay.

If such a plan is honorably carried out in all instances, by all members, there certainly will be a gratifying change for the better in the annual balances of their books, and physicians would, if such measures were generally adopted, be relieved of many unpleasant experiences.

Notes and Comments.

Therapeutical Notes.

DISEASES OF THE SKIN.

We continue from last week our extracts of interesting formulæ from Mr. Squire's "Pharmacopœia of the British Hospital for Diseases of the Skin," beginning with some

CAUSTICS.

℞ Acidi arseniosi, gr. xx
Cinnabaris factitiæ, ʒj
Adipis, ʒj. M.

Used in cases of lupus. It is spread thinly on strips of linen, applied for twenty-four hours, and renewed for two or three consecutive days, if necessary, the skin being well washed after each application. Thus applied, it leaves all islets of healthy skin intact, and destroys only the lupus tissue. A chromic acid caustic used in lupus, and also for destroying warts, is—

℞ Acidi chromici,
Aquæ, āā ʒj.

Dissolve.

This, though a strong, is not a fully saturated solution.

In lupus, and also in indolent tertiary syphilitic ulcers, the following iodine caustic is employed:—

℞ Iodinii, ʒ iij
Potassii iodidi., ℥j
Spir. vini rectif., ʒj. M.

A new substance for causties, the ethylate of soda, prepared by treating absolute alcohol with metallic sodium, is used in cases of vascular and pigmentary nævus:—

℞ Sodii ethylatis, ʒ ss
Alcoholis absoluti, ʒ vj. M.

The action of this caustic may be checked promptly by dropping upon the part a drop of chloroform.

In venereal warts the savin caustic is employed, which exercises only a very superficial action—

℞ Pulveris sabinæ., ʒ vij
Zinci oxidi, ʒj. M.

Inquiry has often been made in these pages for a depilatory. The following is given in the work before us:—

℞ Calcis sulphuratæ, ʒ iss
Zinci oxidi, ʒ vj
Carmine, gr. j M.

Mix the powder with water, to make a thin paste; allow this to remain on the skin for three minutes, and then wash it off with water.

SEAT WORMS AND PRURIGO PODICIS.

Prurigo podicis often depends on seat worms

in the rectum. The following enema is recommended "as a specific" in such cases:—

℞. Tincturæ ferri perchloridi. ♏xx
Liquoris calcis, ℥j M.

Sig.—For an enema, repeated as necessary.

When the prurigo is dependent on or complicated with a congested condition of the rectum, the following suppository is employed:—

℞. Acidi tannici, gr. xv
Pulveris opii, gr. j
Glycerinæ, ♏ij
Saponis duri, gr. viij. M.

COSMETIC POWDER.

As a sedative and cosmetic in various eruptions of the face, the following combination is employed:—

℞. Bismuthi subnitratis, ʒ vj
Plumbi chromatis, gr. x
Carmini,
Cinnabaris factitiæ, āā gr. v. M.

Sig.—To be applied as needed.

Instrument of Resuscitation.

A Frenchman has the credit of inventing an apparatus for aiding in the resuscitation of persons apparently drowned, or who, from any other cause, have been temporarily deprived of animation. It consists of a cylinder of sheet iron large enough to contain the body of an adult person. It is closed at one end, and the inanimate individual is inserted, feet foremost, in the receptacle, as far as the neck, round which there is placed a padded diaphragm, fastened to the cylinder so as to be air tight. An air pump, attached to an opening in the tube, creates a partial vacuum, and then the outer atmosphere, by its own pressure, forces its way into the lungs by the mouth and nostrils, which are left exposed. By a reversed action of the pump the air is allowed to reënter the cylinder, and respiration is thereby reëstablished. A glass plate inserted in the iron casing enables the operator to watch the movements of the chest, which rises and falls as in life, with the working of the pump. The action may be repeated, it is stated, eighteen times in a minute, an exact imitation of natural breathing being thus produced.

Treatment of Ingrown Toe Nail.

Dr. James McEvoy says, in the Louisville *Medical News*, that he has found the following imple plan effective:—

A small, wedge-shaped piece of sponge tent is cut and inserted under the ingrown part of the nail, as far as possible. The size of the sponge is increased at each insertion, which is generally every third day. If there is a fetid discharge, the sponge is dipped in carbolized oil before using.

In the Chicago *Medical Journal and Examiner*, Dr. Andrews gives the following operation, as that of a chiropodist, named Willard:—

He neither extracts the nail nor slices off the overlapping flesh, but cuts out a narrow ellipse of tissue near the nail and parallel to its border, claiming that the border itself, where it rests against the edge of the nail, has its special structure adapted to its location, and ought not to be sacrificed. The removal of the strip of flesh being accomplished, he brings the edges of the wound together with fine sutures, thus drawing the border away from the nail and effecting a cure.

Massage Applied to the Eyes and the Tonsils.

Dr. H. Pagenstecher has used massage to the eyes successfully, in episkleritis, keratitis and other cases (Schmidt's *Jahrbücher*). He seizes the upper lid near the edge, and then rubs it with gentle pressure radially, from the centre of the cornea, and toward the equator bulbi.

Dr. Quinart, of Belgium, according to the London *Medical Record*, recommends, in cases of chronic hypertrophy of the tonsils, gargles of alum, combined with a massage of the tonsils, to be executed at first by the physician, later on by the patient himself. The index finger is put into some alum powder, introduced into the patient's mouth, and the gland rubbed with it in all possible directions, at first softly, later on more vigorously. After this the patient washes his mouth with an emollient gargle. In two cases the author has obtained a cure within one month, by the application of this at once mechanical and astringent treatment.

Smoking Medicines.

Smokers can now have their medicines prepared to please them, as suggested by Dr. Reginald E. Thompson, in the *Practitioner*, for April. A standard paper is formed by saturating Swedish filtering paper in a solution of nitrate of potash, with tincture of tobacco and oil of aniseed, to destroy the unpleasant odor of burnt paper. Swedish filtering paper, size 4x2½ inches; potassæ nitratis, gr. ¼; tincturæ tabaci, ♏x (made with 2½ ounces of leaf to a pint of spirit); ol. anisi, ♏½. A solution of any drug desired is used to saturate the paper, and so the dose can be exactly regulated, the tobacco not causing any appreciable effect on the system. Opium was the drug used, which, in

doses of one-sixty-fourth of a grain, was found sufficient to begin with.

Naphthalin in Pertussis.

Dr. J. Pirnat, of Evansville, Indiana, writes us:—

I have, for the last sixteen months, tried the naphthalin treatment in pertussis. In my experience it surpasses all the remedies known to me for this disease. It not only relieves the patient, but it cures, in between two and four weeks. My experience extends to ten cases, three of which are still under observation.

The naphthalin in its pure state cannot be given, on account of its offensive and most unbearable smell. I prepare the liquor naphthalini, which the most delicate infant can take in sugar water, with pleasure as well as safety. I shall still further extend my trials, as well in pertussis as in other spasmodic diseases, as opportunity offers itself to me, and shall publish the result, through your journal, at some future time.

Endermic Use of Morphia by "Thimble Blistering."

This method is thus described by Dr. J. C. Watson, in the Virginia *Medical Monthly*—

An ordinary sewing thimble, a little loosely picked up raw cotton, enough aqua ammoniæ (strong) to saturate the cotton without running out, are the preliminary agents required. Gently press the thimble over the selected spot until a sensation of heat has been felt for two or three minutes; wipe away any ammonia which may remain on the surface; now, with the finger, rub away the superficial skin; apply dry morphia by at first gently rubbing on, and then carefully adding a drop of water. A small quantity of morphia may be repeated at short intervals, until your patient feels its effects or is satisfied with the relief obtained.

Malarial Diseases in Illinois.

Dr. J. W. Donnally, of Doddsville, Ill., writes us—

"The presence of malarial fever has never been so general in Central Illinois during the spring and early summer months. We had a dry winter and remarkably dry spring and summer, so far. What gives rise to the malaria? Purpura hemorrhagica is also somewhat common."

Any of our readers with recent experience in this class of diseases will do us a favor by communicating their most successful treatment.

Pyloric Incontinence.

This is a condition in which there is a continuous communication between the stomach and intestines. In order to test whether the pylorus has retained its power of contraction, the stomach is filled with carbonic acid. This is done by giving the patient a drachm and a half of tartaric acid in a little water, and a short time afterward the same quantity of bicarbonate of soda. If the pylorus be able to contract, the stomach alone is inflated, as can be easily ascertained by percussion; but if the pylorus be relaxed, the carbonic acid passes into the intestines. The latter then become tympanitic, thus rendering it impossible to trace the circumference of the stomach by percussion. In Germany Dr. Ebstein has twice had the opportunity of seeing his diagnosis of incontinence of the pylorus verified by the post-mortem examination. In both cases the patient had suffered from cancer of the pylorus; in the one, the incontinence had been complicated by stricture of the pylorus; in the other, the incontinence was owing to its destruction. He had also diagnosed incontinence of the pylorus in six other cases, five of which were probably cancers of the pylorus. Any other disease of the pylorus, *e.g.*, ulcer, would doubtless give rise to the same affection. A purely nervous cause, such as colic, gastric spasm, etc., might give rise to incontinence of the pylorus.

Prevention of Color Blindness.

M. Delbœuf has found that if a person afflicted with Daltonism looks through a layer of fuchsine in solution his infirmity disappears. A practical application of this discovery has been made by M. Javal, by interposing between two glasses a thin layer of gelatin, previously tinted with fuchsine. By regarding objects through such a medium, all the difficulties of color blindness are said to be corrected. Experiments in this city, by Dr. P. D. Keyser, affirm the success of this method.

Ice Cream and Beef Juice.

As an excellent dietary article, this is praised by Dr. J. J. Tucker, in the Chicago *Journal*. His formula is—

R.	Cream,	120 grams
	Sugar,	30 "
	Extract of vanilla,	8 "
	Beef juice,	8 "

Any confectioner can make it, or it may readily be prepared at home, with a freezer. Its uses are obvious.

Ipecac. in Dysentery.

Dr. Thomas Clarke, of Jamaica, W. I., bears strong testimony to the value of ipecac. in the dysenteries of that tropical island. In an address published in the *British Medical Journal*, he says:—

An endemic disease in which (within my own limited sphere, at any rate) I recognize a greatly improved treatment, is dysentery, both acute and chronic; ipecacuanha constituting the great basis of that success. Not that I mean to say that the use of ipecacuanha in dysentery is anything new. It was practically known, I find, in France, so long ago as 1686; but, so far as I have ascertained, its character as a specific, or something like a specific, in dysentery, was not permanently established till within the last half-century. It appears to me to be deserving of that high character, and to have brought acute dysentery, at all events—another of the most prevalent diseases of the country—within the category of tropical diseases which are perfectly amenable to medical treatment; and to be deserving of great confidence also, if it be not an indispensable agent, in the treatment of the chronic dysentery.

How to Give Podophyllin.

This drug is especially valuable in small and continued doses, as an alterative. But it should not be given in pill form, as it acts, in that shape, irregularly and sometimes disastrously. Dr. Horace Dobell, of London, recommends the following as a most satisfactory form for its exhibition:—

R.	Podophylli,	gr. ij	
	Essentiæ zingiberi,	℥ ij	
	Spir. vini. rectif. ad	℥ ij	M.

Sig.—A teaspoonful in a wineglassful of water every night, or every second, third or fourth night, as required.

He has used this prescription for years "with the happiest results."

What Form of Blindness did Homer have?

Modern investigation is reinstating the blind old bard. Dr. Schliemann has proved that he sung of a real Troy and an actual war. Recent critics concede him to have been a true poet and not a myth or a mere collector, as Wolfe taught. And now another Wolfe, this time a surgeon, and of Glasgow, has published a pamphlet, in which he is pretty successful in showing that the singer of the Iliad certainly had an ocular defect, not color blindness, as Mr. Gladstone thinks, but amblyopia, from Egyptian ophthalmia. The evidence is collected from the treatment of colors in the poem.

Correspondence.

Popular Notions on the Subject of Stuttering.

Ed. Med. and Surg. Reporter:—

In some sections of this county many of the negro population, and a portion of the illiterate whites, believe if a stammerer is made to sleep with his mouth full as possible of raw beans, peas, or any similar small, round objects, it will prove a sure cure of the trouble, if persevered in every night for two or three weeks; and some well authenticated cases can be shown of persons that were once stutterers in the extreme, who, after a few weeks of said treatment no longer show much, if any, inclination to do so. And the habit is said never to return. How such an effect can by such means be accomplished is with me a question.

If stammering be the result of a disease in that portion of the brain where the so-called motor speech centres are located (and such I believe is the accepted theory), how can such treatment benefit or even tend to benefit? On the other hand, if balbuties is "owing to a born weakness of the apparatus by which syllables are coördinated," as was once supposed, could the presence of such substances in the mouth during sleep, by any stimulating effect, aid in overcoming the difficulty, or could the slight swollen condition to which they might attain by being subjected to the heat and moisture of the mouth for a few hours, benefit by dilatation or otherwise?

Should the stammering pupil be so treated each time before attempting to speak, such a device might act mentally by aiding his determination and by diminishing the anxiety to speak, thus benefiting him.

But the question is *how* or *in what way* such or similar treatment could have a beneficial effect, when instituted just prior to and during the sleeping hours, save by the possible fact that the patient knew the purpose of said treatment, and on account of it his will is strengthened, and he exerts himself to overcome his bad habit.

I hope not to be understood by the profession, or others, as recommending this as a *safe* treatment for the patient, either awake or asleep, or as ever having prescribed it.

My object in writing is twofold. First, to elicit an expression from you or some of your many readers, as to the reason of this novel, or should I say unscientific, mode of treatment. Secondly, with a hope that some of your patrons who have given this important subject and its treatment careful study may be induced to express themselves herein, for the benefit of those of us who wish to do good, but often see and feel our weakness.

J. S. Aydelott, M.D.

Snow Hill, Maryland.

[The inquiry is probably similar to that proposed by Louis XIV to the Institut—why, if a live carp is placed in a tub brimful of water, the fluid

does not overflow? The story is familiar.—Ed. Reporter.]

Suicide by Strychnia.

Ed. Med. and Surg. Reporter:—

On the 11th of June I was called to see L. D. Fletcher, who had been seized a few minutes before with convulsions. He had declined to eat breakfast that morning, and a short time afterward went to the drug store and procured three grains of strychnine, for the purpose, he alleged, of destroying rats. He immediately returned home and was seen to go to the pump with a cup in his hand, when it is supposed he took the poison. After swallowing the contents of the cup, he washed it out and returned it to its former place. Mr. F. then went into the sitting room, and after lighting his pipe, sat down on the sofa. In about fifteen or twenty minutes he fell from his seat in a convulsion. When I arrived, he was lying on the floor with eyes shut, pulse quickened, breathing a little troubled, with tremulous action of the abdomen as it rose and fell with each inspiration and expiration. He never spoke from the time he was first seized, and resisted every attempt to introduce remedies by the mouth. While I was with him he had two severe convulsions, with the last of which he had slight opisthotonos. He died while in this second convulsion, in twenty minutes after the first seizure, and about thirty-five minutes from the time he swallowed the poison.

Trappe, Md. L. Chaplain, M.D.

A Case of Substitution.

Ed. Med. and Surg. Reporter:—

On the evening of the 28th of December last we were called to attend a young lady, Kate G., who had, we learned, been the subject of a harassing cough, with profuse expectoration, for several weeks previous, but which had not until the present time occasioned the family much uneasiness. Inquiring into the history of the case, we found upon examination the upper lobe of the left lung consolidated, and rapidly breaking down, the middle studded with patches of consolidation, and the apex of the right lobe in a similar condition. The patient was weak and anæmic, but not confined to her room; diagnosed acute phthisis, and in connection with a ferruginous tonic, prescribed for the night sweats, which were very copious, the following—

R.	Dextro-quiniæ,	grs. lxiv	
	Acid. sulph. dil.,	f. ℥ ij	
	Syrup. zingiber.,	f. ℥ j	
	Aquæ, q.s., ad	f. ℥ iv.	M.

Sig.—Dessertspoonful as directed.

On the evening of January 2d we saw our patient, who was much worse than previously, and said that the medicine had caused her so much nausea and vomiting that she had not only been obliged to discontinue its use, but that she had been unable since to retain anything upon her stomach, on account of the irritability produced by the medicine.

Upon asking for the medicine prescribed we were startled by its appearance. Instead of its being a dark, wine-colored solution, which it should have been if properly prepared, it was perfectly colorless, while its slight fluorescence and bitter taste bore evidence of its containing one of the cheaper alkaloids of the cinchona. A qualitative analysis showed this to be the case, and that instead of dextro-quinine, as prescribed, the sulphate of cinchona had been used as a substitute, which substitution no doubt had been the cause of the patient's suffering, besides hastening her death (for she never recovered her appetite), which occurred a few weeks later.

For the occurrence of these cases there seems but one safeguard, viz.: to send prescriptions to those druggists known as well for their commercial honesty as for their pharmaceutical ability. It is a pleasure to say that no city numbers more of these than our own. For the welfare of the profession in general, it behooves them to see that none other receive their prescriptions, since in this, as in many other cases, it is the "ounce of prevention" that is needed.

Rich. V. Mattison, M.D.

Philadelphia, July 4, 1879.

York County Medical Society.

Ed. Med. and Surg. Reporter:—

The York County Medical Society held its monthly meeting on Thursday, July 10th, at Wild Cat Falls, on the Susquehanna river, nearly opposite the town of Marietta. About thirty physicians, including those invited from Lancaster county and Harrisburg, were present. The York county doctors had their families with them, which swelled the whole number up to about seventy-five.

After a very pleasant picnic entertainment, the doctors, with their families, convened in the large hall on the grounds, and were kindly welcomed and thanked for their attendance, by Dr. T. M. Lochman, President of the York County Society, which was happily responded to by Dr. H. L. Orth, of Harrisburg. The regular order of business of the Society was dispensed with, and the Secretary, Dr. S. J. Rouse, announced that Dr. W. S. Roland had been requested to prepare an essay for the occasion, whereupon the Doctor read a paper on "Our Profession Then and Now," which was received as the property of the Society and a vote of thanks tendered him.

The Executive Committee of McCall's Ferry Medical Association met at the same place, to make arrangements for their annual meeting, and it was decided to hold the next meeting at McCall's Ferry, on Thursday, August 28th, and to invite the families and friends of the members.

McCall's Ferry is on the Susquehanna river, reached by railroad running from Columbia to Port Deposit. The road is picturesque all the way down.

The Association at present comprises the medical societies of Lancaster, York, Dauphin and Cumberland counties, and I learn that it is the intention of the Committee to invite other societies and physicians to the meeting. I favor.

not only county societies having their meetings in different localities in the county, but most strongly an annual union or reunion meeting of several adjoining county societies, for these meetings must tend to foster friendship, elevate dignity, and advance the standard of professional interests. R.

York, July 14th, 1879.

A Simple Cure for Ulcer of the Rectum.

Ed. Med. and Surg. Reporter:—

I have been subject to piles for about five years; they troubling me more especially through the busy season of the year (viz., the summer and autumn months).

Last season, with the return of summer sickness, my piles returned also, in an aggravated form.

About one-half the territory of my practice is so broken that I am compelled to travel on horseback. This source of irritation prevented a successful therapeutical application; consequently, the tumor soon disgorged itself, and hemorrhage more or less followed for two or three months, gradually ceasing, and instead, a purulent discharge took its place, annoying me very much by its filthiness, and the thought that the ulcer would terminate in a fistula.

I used various local applications, as lead, zinc. sal. sol. of tannin in glycerine, cold water, etc., but with only temporary benefit. About two months ago I commenced the practice of bathing my fundament in cold water immediately after defecation, thoroughly cleansing the rectum to a point above the ulcer, and then stuffing the rectum in the vicinity of the ulcer with dry tannin.

I followed this treatment regularly for two weeks, at which time I found the discharge had ceased and all unpleasant sensations were gone. Up to this period I have had no return of discharge or any symptoms of the presence of the ulcer, notwithstanding I am riding from ten to twenty miles a day. J. J. Fly, M.D.

Pulley's Mill, Ill., July 18th, 1879.

Scrofulous Abscess.

Ed. Med. and Surg. Reporter:—

A few years ago a lady relative of the writer had been for a long time very much annoyed by a constantly recurring abscess of the so-called scrofulous nature, situated always in the glands of the left axilla. So frequently did these "gatherings" occur that, at times, scarcely had one healed up ere there were premonitions of its successor. The usual remedial agents were one after another used, either without the slightest avail or with a merely palliative effect. Finally, the following combination was given to her:—

℞ Syr. rumicis crispi,
Ext. stillingiæ, fl
Ext. sarsaparillæ, fl āā

A teaspoonful was given three or four times per day, with singularly marked success as the result. The murmuring intimations of an incipient abscess were promptly quelled, and from that day to this, by an occasional resuming of the medicine, she has altogether avoided a recurrence of the abscess. Since that time I have had occasion to use the same preparation in similar cases, and always with the same gratifying effect. Though prescribed in the case first mentioned by other than a regular physician, it certainly deserves consideration and trial at the hands of the profession. As to the efficiency of the combination, I am satisfied, as to the active agent or agents entering into the formula, there may be a question. The alterative power of stillingia sylvatica cannot be mooted; it is one of the most valuable of its group. Rumex crispus, though ignored by many of our writers on materia medica, is not inferior in this respect to stillingia. I am sure of its depurating power, from trial and observation. As to the value of sarsaparilla, I think the profession must agree with Bartholow, who says, "It is extremely questionable whether sarsaparilla has any therapeutic power." J. W. Hickman, M.D.

1945 *N. 11th St., Phila.*

"Tartar Emetic in Rigidity of the Os Uteri."

Ed. Med. and Surg. Reporter:—

In the number of the Medical and Surgical Reporter for July 12th, I find, reported by Dr. J. A. Irvine, an illustrative case of the efficacy of tartar emetic in rigidity of the os uteri. Like Dr. Irvine, I also was a quondam pupil of the late Dr. Hall, of Montreal, therefore, I hope it may not seem presumptious in me to offer further testimony in favor of the use of tartar emetic in this complication of labor. By referring to my obstetrical records, I find there reported 218 cases of labor. Of this number 167 were complicated with rigidity of the os, in which tartar emetic was given in small and repeated doses, with astonishing good effects. My mode of administering it is to dissolve one grain in twelve teaspoonfuls of water, of which solution a teaspoonful is to be given every fifteen minutes, until the os is fully dilatable.

One fault I find with most general practitioners (non-obstetricians), is that they will give ergot in all cases of labor indiscriminately, without any regard to the condition of the os, and in cases where there is rigidity I am fully convinced that this mode of practice tends more to retard the progress of labor than to accelerate it.

A. O. Simpson, M.D.

Thompson, Pa., July 17th, 1879.

News and Miscellany.

Items.

—*Correction.*—In the formula quoted from Dr. W. F. Hines, on page 57 of this volume, the amount of water and syrup should be of each ℥ ss instead of ʒ ss.

—The Indianapolis *News* says: The Government has contracted for 8000 bottles of carbolic acid, to be used as a disinfectant in the army The acid is to be put up in Jeffersonville.

Personal.

—M. Koeberle, of Strasburg, has, during the last four years, performed 100 ovariotomies, with 89 recoveries and 11 deaths. In 1878 he performed 4 gastrotomies, only one of which proved fatal.

—In the organization of a permanent Board of Health, under the Tennessee State Act, at Knoxville, Tennessee, last month, Dr. A. B. Tadlock, who has been a contributor to the columns of the REPORTER for several years, was chosen President, and Dr. J. P. Park, Secretary.

—Dr. Laurence Turnbull, of this city, has sailed, to attend the British Medical Association, which meets at Cork, August 5th. He has been invited by the President and Committee of Reception of the Association to read a paper on "Tinnitus Aurium," and open the discussion before the Sub-Section on Otology. Dr. Sayre, of New York, opens the discussion on his plaster jacket, and Professor Barnard delivers the opening address on Surgery.

—The charges against Dr. William A. Hammond and others, who insisted on an investigation of the management of the New York Insane Asylums, diligently circulated by the Albany *Argus*, the Buffalo *Medical Journal*, the St. Louis *Medical and Surgical Journal*, etc., have been denied and refuted by Dr. Hammond; and from a careful perusal of the statements published by each side, we are of opinion that Dr. Hammond is right in this controversy, and that Dr. Gray, of Utica, his principal opponent, has placed himself in an unworthy position.

American Ophthalmological Society.

This Society held its regular session this year at Newport, R. I., commencing July 24th. The following officers were elected for the ensuing year: President, H. D. Noyes, of New York; Vice President, W. F. Norris, of Philadelphia; Secretary and Treasurer, Dr. R. H. Derby, of Boston; Corresponding Secretary, J. S. Pronte, of Brookline; Publication Commissioners, E. G. Loring and D. B. St. John Roosa, both of New York. It was voted to hold the next annual meeting in Newport.

The Quinine Trick.

Just as we predicted, and as it required no extraordinary insight to foretell, no sooner was the duty taken off quinine than the price in London has risen from one to two shillings an ounce, with a corresponding rise in this country. Why? Because Congress, while taking the duty off quinine, left it on cinchona bark, and also left the heavy taxes on the alcohol and solvents, which the American manufacturers have to pay and the foreigners do not, and thus virtually drove the former out of the business of making the alkaloid, and threw the whole control of it in the hands of foreign manufacturers and drug brokers. These can now make us pay pretty much what they please, and we need not expect, and don't deserve, mercy at their hands. This is the result of the policy of secret dealing and political wire pulling which we referred to on page 61 of this volume; this is the fruit of an avoidance of a fair and open discussion of the question before taking action upon it.

Vaccination Items.

—The vaccine physicians of the Board of Health of this city have vaccinated nearly six thousand children in the city and suburbs this year. Nearly five thousand have been vaccinated since the 1st of April. The physicians are paid forty cents for each city case, and seventy-five cents for each case in the rural districts.

—The French Society of Hygiene, in Paris, has just opened an establishment where vaccination is carried on gratis. Lymph, both from the infant and from the heifer, is always kept on hand, and delivered to any one upon application.

QUERIES AND REPLIES.

Dr. J. W. C., of Ala. 1. Is the general opinion of the profession in favor of iced drinks *ad lib.*, in measles and similar febrile complaints? 2. Can the febrile symptoms be relieved by any other means than by opiates, diaphoretics and refrigerant drinks?

ANS. 1. We believe it is. 2. Baths, affusions, cool air and specific antipyretics may be suggested.

Dr. J. N. P., of Iowa. Will you, or some reader of the MEDICAL AND SURGICAL REPORTER, give me the best receipt to apply to the *red surface* after psoriasis has been cured?

ANS.—The redness is owing to enlarged capillaries: painting the part with collodion, or with styptic collodion, would probably contract them. A solution of solid extract of ergot has also been used locally in such cases.

Dr. F. P., of Mo. Vertigo arises from so many causes that we can make no suggestions in your case. Dr. Ramskell, who writes on it in Reynolds' *System of Medicine*, treats it, if from gastric causes, with alkaline purges, followed by a course of strychnia; 'essential vertigo' he finds most benefited by iron and strychnia, alternated with tincture of larch and digitalis. He attributes, in fact, the former to weakness of the stomach, and the latter to atrophy of the heart.

State Med. Yes, in Malta, both medicine and medical attendance are furnished free by the Government, to all the inhabitants, civil and military, rich and poor. For all that, many prefer to pay their own doctor and buy their own medicines.

Senex. An article on the subject will be published shortly.

MARRIAGES.

IRWIN—MATHER.—May 28th, at the M. E. parsonage, Fostoria, Central Ohio Conference, by Rev. D. D. Mather, pastor, Joseph W. Irwin, M.D., of Evansville, Ind., and Miss Stella Idalette Mather, daughter of the officiating minister.

PATTERSON—WHITNEY.—In Lowell, May 20th, by the Rev. G. L. Westgate, assisted by Rev. C. D. Barrows, of the Kirk Street Congregational Church, David N. Patterson, M.D., and Miss Adelloe S. Whitney, younger daughter of George T. Whitney, Esq., all of Lowell.

SCHAUS—JOHNSON.—On Tuesday, June 17th, at the residence of the bride's parents, St. Louis, Mo., Hermann Schaus, of New York, and Emilie Desruisseaux Johnson, eldest daughter of Dr. I. B. Johnson.

THE

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Communications.

OFFICINAL ALCOHOL AS A STIMULANT.

BY D. C. LEAVENWORTH, M.D.,
Of New Haven, Conn.

My attention was called to this subject, and much interest awakened in my mind, by a conversation held some time since with an eminent physician of this State, in which, speaking of the indiscriminate prescribing of brandy, whisky, etc., he said, "it would be more judicious and safer to prescribe diluted alcohol, instead of the various concoctions purporting to contain alcohol; as then we should have more certain knowledge of what we were doing." There is no doubt that he was right in this opinion, and his words have often occurred to me since, as I reflect on the comparative certainty we have of the purity and strength of officinal alcohol over the mixtures which we know in many cases are not pure or reliable.

When we take into consideration the physiological and therapeutical effects of alcoholic stimulants on the human system, and the custom that generally prevails among physicians of prescribing these stimulants in some form for various diseases, I think it is evident, and will be admitted by most of us, that the subject is worthy of careful thought and attention by the profession. And taking another aspect of the question, it behooves us to exercise a wise discretion, on account of the idiosyncracies of our patients, in order that a craving for stimulants may not be fostered or engendered, thus causing evil results in their future lives. Our course in this respect is closely observed, especially in these days, when so much effort is being put forth to save those who are addicted to, or easily tempted to, the excessive use of intoxicating liquors.

In this paper I shall endeavor to indicate to members of the profession that by prescribing officinal alcohol properly diluted, we can meet the various necessities of our patients in a better, safer, and more certain way than the present form of prescribing alcoholic stimulants in the form of brandy, whisky, etc. Dr. Lucas, in a communication to the London *Medical Times*, says: "The advantages are great of prescribing properly diluted alcohol instead of brandy, etc., thus avoiding the evils and uncertainty attending the mode of administering alcoholic stimulants in the usual form." I think it will be admitted by most medical men that in whatever form we prescribe alcoholic stimulants for disease, the main purpose is to introduce into the system, for its therapeutical effect, a definite amount of alcohol which these articles are supposed to contain. Alcohol, as we are aware, is a word of Arabic origin, and is at the present time used to designate the spirituous element of fermented liquors. Chemists describe absolute or anhydrous alcohol as a colorless volatile fluid, of a peculiar odor and pungent taste. It boils at 172°, and has never been frozen, although Faraday succeeded in thickening by a cold of 166° below zero. It unites with water in all proportions, heat being evolved, showing a chemical union. Its formula is $C_4 H_6 O_2$.

Now I presume that most physicians will concede that alcoholic stimulants should be prescribed with as much care and caution, in cases of disease, as other medicines; at least, we should ex-

ercise as much caution in prescribing them; although I am inclined to think that many times we are incautious, apparently regarding their therapeutical action of less importance than other remedies we are using, whereas they may be the most potent medicine we are using in the case. It is also of the utmost importance to know the amount of alcohol in the stimulants we are prescribing; therefore, in whatever form we order their use, they should be of known strength and purity. There is no reasonable doubt that alcohol, sold and dispensed under that name by the apothecary, is of a definite strength and purity, as by repeated distillations it has been deprived of fusil oil and other impurities. I believe it is exceedingly rare to find it adulterated; at least, its strength and purity can comparatively be easily and readily ascertained, thus affording us an article that we can prescribe with confidence. Now we all know the case is far different in regard to the so-called gin, brandy, whisky, etc., that we are usually prescribing. The quantity of alcohol in these stimulants varies, depending to a great extent upon the character and honesty of those who deal in them. Nor can we as readily or easily test their strength and purity, as the process of analyzing them is comparatively complicated, on account of the variety of ingredients mixed to flavor, adulterate and cheapen them. Therefore, being aware of the difficulty of obtaining them free from adulteration or of proper strength, I take it for granted that many physicians, when prescribing alcoholic stimulants in the usual form for critical diseases, experience much anxiety in regard to their effect on the patient, knowing the result of our treatment will to a great extent be influenced by the quality of the stimulant used. Yet in many, if not in most cases, we know it is doubtful if brandy, whisky, etc., free from adulteration and of reliable strength is procured. I am persuaded that this proposition of prescribing diluted alcohol instead of the usual stimulants we have so long been in the habit of prescribing, will take many physicians by surprise, and objections will readily occur to them, some of which I will briefly consider.

It is thought the taste and odor of diluted alcohol will be repugnant and unpleasant to patients; but this could be obviated by flavoring it with some extract, essence, or aromatic tincture, or combining it with other medicine we are administering at the time, and thus it could be prescribed more definitely as a medicine, which would prove advantageous in many respects.

Again, it is claimed there are certain medicinal properties in brandy or gin, which alcohol does not contain, for instance, the diuretic effect obtained from gin, and the astringent property of brandy. But in respect to this, I think we could compound with the alcohol a diuretic or astringent which would prove more beneficial, besides being more appropriate to the particular disease we are treating. The stimulant effect of whisky or brandy is asserted by many to be more speedy and decided, but careful observers inform us that the stimulant effect of diluted alcohol is more certain and speedy.

Dr. Lucas, whom I have before quoted, says, "The stimulating effect of diluted alcohol, when desired, seemed to be more marked and rapid, and more lasting, than when an equivalent of pure brandy was allowed." He says further, "If we watch the patient after he has taken three drachms of alcohol, an amount equivalent to six drachms of brandy, we notice almost immediately the pulse becomes fuller and stronger, and the limbs, which may have been previously cold, become warmer." Other observers also testify to the more beneficial and comparatively more rapid effect of alcohol. Patients declare that the effect is felt immediately, and it revives them at once.

In fact, most of the objections against prescribing alcohol properly diluted, instead of the uncertain and in many cases adulterated mixtures we have, in a measure, from custom and habit, been compelled to use so long, vanish, after thorough investigation. I feel assured that if we substituted one for the other, as I have suggested, besides being gratified and pleased at the results that will follow, we shall also be surprised, as we have been in the past over other medical changes. There are many advantages in the substitution, among which the one I have urged, viz., the definite knowledge of the amount of absolute alcohol in the stimulant we prescribe. I refer to this again because it is of the utmost importance, and it is surprising that physicians have so long been satisfied to prescribe stimulants in the usual form when we realize the indefinite knowledge of their alcoholic strength, and what necessarily follows, the uncertain effect they have in disease. Another great advantage is that it enables us more readily to adapt our stimulant to the variety of disease we are prescribing for, more particularly to each case, especially in combining medicinal agents with the stimulant at the right time.

Again, the reduced expense is of much consequence. We know there are enormous profits realized from the manufacture and sale of

spirituous liquors—profits much enhanced by adulteration. All this cost entails a great burden on the poor; and, in fact, a burden in some degree on all who are compelled to purchase them for the sick and invalid. It also involves more expense in sustaining our hospitals. It is well known that during the late war the cost of furnishing our army and navy hospitals with medicinal liquors was very great; an expense entirely disproportionate to the actual amount required or used for the wounded or sick. It was admitted to be a source of demoralization to many of the surgeons, officers, hospital attendants and nurses.

Now this would be obviated to a great extent by adopting the use of pure alcohol, excluding other alcoholic stimulants and compounds under their various names. In the case of army and navy hospitals, the comparatively compact form in which it could be kept and stored would in a considerable degree lessen the expense of transportation, which is quite a consideration, especially in regard to army hospitals, which in time of war are often moved from place to place, besides taking from them a prolific source of temptation and evil.

Finally we can, to a great extent, obviate the evils which we are accused of bringing on the community, by causing the excessive use of, and inducing a taste for, intoxicating liquors by indiscriminately prescribing the various alcoholic stimulants in the form of wine, brandy, whisky, etc. Now by substituting pure alcohol, and prescribing it in the manner and under the form of medicine which I have suggested, and judiciously framing our directions to nurses and attendants, I am persuaded that we can, to a considerable extent, prevent excess and a continuance in their use after the sickness is past. Every medical practitioner has a great responsibility resting upon him in regard to this question, and can, by exercising wise care and thought, exert much influence toward preventing the excessive use of intoxicating beverages which cause so much evil in the country.

The German Society of Public Health

(*Verein für öffentliche Gesundheitspflege*) will meet in September next, at Stuttgart, from the 15th to the 17th. The subjects for discussion are, 1. Methods of Disinfection. 2. Measures for Preventing the Introduction of Contagious Diseases from Foreign Countries. 3. The Hygienic Requirements of Boarding and Lodging Houses. 4. The Necessity of Erecting Public Mortuaries. 5. The Management of Public Bathing Establishments.

THE RELATION OF AGE AND THE SEASONAL DEATH RATE.

BY T. S. SOZINSKEY, M.D., PH.D.,
Of Philadelphia.

(*Concluded from page* 98.)

The following tables give the number of deaths, exclusive of premature births and still-births, for each month, in full, of the year, for the three years on the average, at the ages specified: also for the year 1877:—

	under 1	1–2	2–5	5–10	10–15	15–20	20–30	30–40	40–50	50–60	60–70	70–80	80–90	90–100	over 100
January	258.3	99.6	150.0	76.6	20.6	41.0	137.6	143.3	115.0	109.6	102.3	102.0	54.0	7.3	0.6
February	258.0	82.0	118.3	56.0	22.6	45.0	135.6	131.3	103.3	96.0	108.3	95.0	52.6	8.0	1.6
March	315.6	109.0	165.3	73.3	24.3	46.6	156.0	159.6	118.0	110.3	111.3	111.3	57.3	14.3	1.3
April	278.6	98.0	149.0	59.6	21.6	46.6	149.6	139.6	127.3	100.0	113.0	98.6	60.6	10.6	1.3
May	291.0	110.3	142.3	65.6	28.6	48.6	147.3	137.0	120.0	106.3	107.3	102.0	46.3	9.0	0.6
June	365.0	149.0	147.0	76.6	27.0	39.0	143.0	125.0	103.6	89.0	84.6	69.6	44.0	8.0	1.3
July	877.3	227.3	137.0	65.0	30.6	45.6	155.3	166.6	122.3	107.6	107.3	97.3	39.6	7.3	1.0
August	564.6	192.0	108.3	53.0	21.0	55.6	147.6	121.3	98.0	92.6	85.3	79.6	38.6	7.6	0.6
September	310.0	119.3	97.3	54.0	19.6	41.6	125.3	116.0	97.3	85.0	78.0	72.0	31.6	5.3	0.3
October	218.0	77.6	122.0	63.0	18.6	52.0	137.6	130.3	116.6	104.0	94.0	83.3	42.6	6.6	0.3
November	203.6	71.0	120.3	57.3	22.6	40.3	131.3	137.6	115.6	88.0	91.3	77.6	38.3	9.0	0.3
December	228.3	79.6	143.6	65.0	26.0	48.3	147.0	154.6	116.0	105.3	101.3	90.6	46.3	10.0	2.0
January	201	86	109	55	17	43	142	138	94	100	102	99	54	11	1
February	225	80	72	37	20	38	138	123	84	82	92	84	50	4	1
March	320	80	124	55	22	46	136	166	117	101	102	100	64	13	0
April	319	85	123	37	24	62	162	133	127	106	91	91	64	8	1
May	284	112	130	53	23	53	141	139	111	87	105	89	41	8	1
June	341	102	105	50	18	31	145	135	108	79	83	68	45	9	0
July	797	194	111	46	18	41	150	113	92	83	87	86	35	9	2
August	621	167	97	48	20	49	142	114	98	84	86	80	36	8	0
September	277	88	47	47	21	35	115	117	93	73	74	73	34	8	0
October	213	72	96	56	16	37	119	124	105	107	88	66	36	6	0
November	194	69	96	51	21	37	116	102	108	99	79	77	29	11	0
December	242	80	153	66	20	42	141	153	94	99	87	93	38	15	2

The statistics given, in my article referred to above, show how the mortality, in the aggregate, varies with the season of the year. The task of showing the causes at work to produce this variation in the mortality, as well as the ages at which it has occurred, is a far more difficult one, one which it is, perhaps, impossible to satisfactorily

master. There is so much room for improvement in our knowledge of meteorology, and the physiological and pathological effects on the system of its constituent elements, that it is rash to even attempt this undertaking. The writers on this subject are usually satisfied to trace a connection between the mortality and one element of meteorology, namely, temperature; but it must be clear to the appreciative reader of what precedes that any such effort is entirely unscientific. It is the duty of the physician to take into consideration the influence of each of the manifold atmospheric agents in operation in explaining the morbid phenomena which come under his observation. In an elaborate and, in some respects, a well-considered article on the relation of moisture in the air to health and comfort, by a noted civil engineer of this city, published in the *Journal of the Franklin Institute* last year, and widely copied, the following constitutes the main conclusion of the discussion: "The difficulty of absence of moisture in air that is heated in winter is a matter to be disposed of with some happiness by asserting it is not wanted." In the same article it is questioned whether electricity has any effect on the system, and it is declared that carbonic acid may be breathed with impunity. While the public ear is open to receive such stuff as this it cannot be expected that meteorology will receive serious attention from many.

The relation of the meteorology to the mortality in England has been carefully studied by Dr. Edward Smith. In his book, "Health and Disease" (1864), he has drawn the conclusion that "the foundation of seasonal disease is the varying degree of vital action proceeding within the body at the different seasons of the year;" and goes on to say that "the human system varies in its amount of vital action in a very definite manner, the maximum being in spring, the decline and the minimum in the summer, the minimum and the increase in the autumn, and a stationary elevation in the winter. Just in the like order is it exposed to the exaggerations of these tendencies. * * * As a rule, the diseases of the end of autumn are those of exhaustion, while those of winter and spring are known as inflammations, and those of autumn and the end of spring are marked by such conditions as result from rapid variation in the animal economy in its relations to the influence of external agents." I give these statements as interesting, but I believe they are only generally speaking true. They do not hold good equally well at every period of life, and in all persons alike at any particular age. The subject is interesting, but it cannot be dwelt upon now. In an article in the *American Journal of Medical Sciences*, April, 1877, on the relation of weather changes to neuralgia, Dr. Weir Mitchell makes the assertion that spring "is, in America, the season of greatest depression of health tone." This statement, like others in the same article, is much too sweeping and indefinite. America is such an extensive country that its climate in different parts is as opposite almost as the Poles, and the effects of spring weather are very unlike in persons of different age and constitution, but it is true that more adults, at least, die in spring in Philadelphia than in any of the other seasons.

It appears that in Philadelphia the months of least and of greatest mortality among persons under one year of age are November and July, respectively; among persons from one to two, October and July; among persons two to five, September and March; among persons five to ten, August and January (May the same); among persons from ten to fifteen, October and July; among persons from fifteen to twenty, June and August; among persons from twenty to thirty, and each succeeding decade up to sixty, September and March; among persons from sixty to seventy, September and April; among persons from seventy to eighty, September and March; among persons from eighty to ninety, June and March; among persons from ninety to one hundred, August and March; and among persons over one hundred, September (October and November the same) and December. It may perhaps be stated that in adult life September is the least fatal month, and March the most. The special characteristics of these months should be carefully studied. March is not, in temperature, barometric pressure and amount of light, an extreme month, but it is such in miles of wind, and almost such in range of temperature, and is markedly variable in pressure, degree of relative humidity, direction of the wind and state of the weather. It is a transition month, and it is the one in which inflammatory diseases are most prevalent. September is the contrast of it in nearly every respect.

From the table of mortality in 1877 it appears that the months of least and of greatest mortality among persons under one year were November and July, respectively; among persons from one to two, February and July; among persons two to five, February and December; among persons five to ten, April and December; among persons ten to fifteen, January and April; among persons fifteen to twenty, June and April;

among persons twenty to thirty, September and April; among persons thirty to forty, November and March; among persons forty to fifty, and from fifty to sixty, September and April; among persons sixty to seventy, September and May; among persons seventy to eighty, October and March; among persons eighty to ninety, November and April; and among persons ninety to one hundred, September and December. I need not go into an explanation of the difference between these points in the mortality of the average of the three years and of 1877 alone, as it will be included in what follows. In this connection, the following paragraph, from the work of Celsus quoted from above—the only important medical work bequeathed to us by the Romans—will doubtless be read with some interest: "As to the different ages, children and those a little advanced have their health best in the spring, and are most safe in the beginning of summer; old men in the summer and the beginning of autumn; the young and middle aged in winter. Winter is more hurtful to old men, and the summer to youths."

In beginning my systematic analysis of the tables with the list of deaths of persons under one year for each month of the year, it is proper to observe that the number of children born is not the same month after month. The figures for a series of years show that about fourteen per cent. less births occur in Philadelphia in April than in January. April, May, June, February, March and November are the months in which the deficiency is specially noticeable. The most marked feature of the infantile mortality is its excess in the heat of summer—it is over four times more in July than in November. From the falling off in the number of deaths in the autumn months an increase begins in December, which augments until toward the end of March, when a slight decrease is observable, which lasts until near the end of May, the time in which the great summer fatality begins. It is more than probable that the autumn months present a better showing than they deserve; for the reason that the very trying influence of the two months which precede has cut off most of the feeble children. Moreover, the whole number of children under one year of age is then, especially in November, less, I believe, than at any other period of the year. Perhaps, on the whole, the spring months are the most favorable to the infant population.

Now, looking down the column of the mortality among children under one year of age, for 1877, it will be observed that it corresponds in the main with that of the average for the three years. April and December are the only months in which the number is greater: in all the others, and markedly so in January and July, it is less. What meteorological reasons can be given for these points of difference? The unusually heavy mortality in April, 1877, may be accounted for by an unusually high mean and high range of temperature, high relative humidity, low mean and great range of pressure, much easterly and high winds and many rains. Turning to December, it is observed to have been a month in which the temperature and pressure were unseasonably high, with slight range of either, much wind from the northeast and south, and little rainy and much clear weather. The deficiency in January is accounted for by a low mean temperature of but slight range, low mean pressure with great range, high relative humidity and much westerly wind. July's deficiency may be attributed to high relative humidity, little southerly wind and many rains. The reader may profitably make a similar analysis for each of the remaining months. It would seem that very warm, dry air is extremely fatal to infants, and that the reverse is true of moist, cool air.

The bulk of the mortality of children between one and two years of age occurs in the warm months. The mortality in July is nearly three times what it is in October. The effects of the warm season are almost as manifest here as with younger children—the relative number of deaths being almost as great. All the months except May and December, in 1877, were a little less destructive to life at this age than usual. As a whole the year was slightly milder than the average; but it will be worth while for the reader to look over the meteorology of each month. May and December were dryer and clearer than usual, with greater range of barometer and thermometer.

Between the ages of two and five the month of greatest mortality is January; cold now, and not heat, which has so marked an effect up to this period, is most fatal. The fatal influence of heat, however, is still apparent. During this period, and in every succeeding one, there is a notable October increase in the death rate. March and December are the only months of 1877 in which the mortality is above the average for the three years; in all the others it is less, just as at the last period.

Between five and ten the effect of heat is imperceptible; but the reverse is true of cold. Least deaths occur in August, and most in January (same in June). Few of the diseases which are fatal at this period of life prevail to any

great extent during the heat of summer; scarlet fever, diphtheria, measles, etc., prevail most in the colder months. All the months except December, of 1877, are below the average in mortality.

From ten to fifteen, as well as from fifteen to twenty, and in each succeeding decade, the bulk of the mortality occurs in the spring and early summer months. At this period cold is little felt, but it would seem that heat is, either directly or indirectly, for July presents most deaths. The mortality in each of the months, except September, of 1877, is less than usual. October is, as it should be, the month of fewest deaths, and April counts most.

From fifteen to twenty the mortality does not vary much from month to month; the range is only ten. In 1877 there was an observable falling off in the number of deaths in February and October. The first of these months was warmer, drier, with less range of pressure, more northerly and westerly winds, and more fair and clear weather than usual. The leading characteristics of October were a high mean temperature and humidity, with a large rainfall and little east wind.

From twenty to thirty the spring and early summer excess in the death rate is more marked than during the last period. In 1877 there was a reduction in the number of deaths in March, September, October and November—months which were, with other characteristics, warmer than usual. In an able article, entitled "Waves of Heat and Waves of Death," by Dr. B. W. Richardson, published in the *Popular Science Review* in 1865, it is said that "up to the age of thirty years variations of temperature exert no influence on the mortality of the population generally [of England], but after the age of thirty is reached then a fall of temperature which is sufficient to cause an increased number of deaths acts in a given manner—as it may be said, in waves or lines of intensity, according to the years of the people. If we make these lines nine years long we discover that they double in force at each successive point. Thus, if the fall in the temperature be sufficient to increase the mortality at the rate of one person of the age of thirty, the increase will run as follows: One at thirty; two at thirty-nine; four at forty-eight; eight at fifty-seven; sixteen at sixty-six; thirty-two at seventy-five; sixty-four at eighty-four." That the death rate of persons under thirty years of age, and especially in the very young in Philadelphia, is largely influenced by both extremes of temperature, is very clear from what precedes, and the same is true, but less emphatically so, in London, as shown by the laborious analyses of Dr. Mitchell and Mr. Buchan.

From thirty to forty, March, July and December are the months in which the excess in the number of deaths is particularly noticeable. This statement holds good for 1877, except in the case of July—a month in which the deaths were considerably less than usual. The three maxima were observable in the last decade. The variable weather of March, the high heat of July, and the increasing cold of December, are apparent in the death rate among persons from twenty to forty.

From forty to fifty the October rise in the death rate does not increase, but it holds its own until the end of January, when there is a slight abatement, which is replaced by a marked increase in March, toward the end of which a decline begins and continues until the end of June, when the heat is apparent in a slight increase. Except in April and June, in each of the months of 1877 there were fewer deaths than usual.

From fifty to sixty the leading features of the death rate are the same as in the preceding decade. Except in April, October and November, there were fewer deaths than usual at this period in each of the months of 1877.

In persons approaching their threescore and ten years, the growing cold of the winter months makes its mark; and the increase continues until toward the end of April, when a decrease sets in and continues until the heat of July comes, when an increase is observable. A somewhat similar statement applies in 1877, but there were fewer deaths than usual in January and August.

From seventy to eighty there is a marked increase in the death rate from November forward until toward the end of March, when a downward turn begins, and continues until near the end of June, when the heat begins to cause a rise. In 1877 there were fewer deaths than usual in the fall months.

In persons eighty and over the death rate increases gradually from toward the end of October until toward the end of March, when a decrease sets in, which continues until the end of September. In nearly all the months of 1877 the death rate among persons at this period of life was less than usual; in April only was it noticeably more.

Such is a brief synopsis of the leading features of the seasonal mortality at different ages, together with the bearings of particular meteoro-

logical conditions upon it in the city of Philadelphia. From the data given the reader can readily complete for himself any deficiency which he may perceive in the analysis given. All the figures given may be relied upon as correct; they have been prepared with great care, and no little labor has been spent in their preparation.

HYPODERMIC MEDICATION IN CHOLERA MORBUS.

BY JOHN C. PEARSON, M.D.,
Of Ursa, Illinois.

It is often said and written that the result of the treatment of isolated cases is frequently of little or no value in deciding upon the efficiency or non-efficiency of any particular line of therapeutic measures. But, on the contrary, when any plan of medication always, or, at least, very nearly always, is followed by certain definite, favorable and successful effects, we are fully warranted in the conclusion that such effects are the results of the application and use of the plan; that the certain relation of cause and effect is fully established. Most especially may this very justly be claimed when any special plan of treatment has in any special pathological condition been, through long years of trial, uniformly successful.

The writer hereof is led to make these reflections when he takes a long retrospect, of some years, regarding the morbid condition whereto we give the name of cholera morbus, and his treatment of the same.

Some years ago, during that period of a summer when Sirius, the dog star, was in the ascendant, and on one excessively hot afternoon, I was sent for to see a German, and a most esteemed and valued friend, who the messenger said was sick as "de tyful, and he go so dead," imitating, as he imparted this information, the actions of a dying man as near as he could, by closing his eyes, throwing back his head and spreading out his hands with a spasmodic jerk!

Upon my arrival at the house of my patient, and a hasty examination, I would at once, and without the least hesitation, have diagnosed the case one of genuine Asiatic cholera had any cases of that dread disease been prevailing in the neighborhood at the time; for the patient before me had every characteristic symptom of the same to a high degree—at least, such appeared to be the case upon a first and rapid examination; and it was not until I had made a more thorough inspection of the symptoms that I diagnosed that I had an extremely severe case of cholera morbus to combat. He was most severely cramped in the abdomen, legs, arms and feet; vomited, almost incessantly, matter looking like soap suds; had frequent and copious evacuations of rice water appearance from the bowels; hands and arms cold to the elbows, and feet and legs cold to the knees; almost pulseless at the wrist; great drops of cold, clammy sweat stood upon his face, and he was suffering most excruciating agony, as his complaints and outcries, and extreme restlessness and anxious countenance most clearly indicated.

At that time the little hypodermic instrument had not come to be used so much and frequently as it has since the period whereof I write, and I had never used it in cholera morbus, nor had I ever read or heard of it being used in the same; but it occurred to my mind that it *might* give relief; that I would try it; it wouldn't take long to try it, and if it failed, I could resort to other measures. Acting upon this self-made suggestion, I promptly and without delay injected into the subcutaneous tissue of the arm a half grain of morphia sulph. and the fortieth of a grain of sulph. of atropia, and sat down to wait for a few minutes for the result. I had not long to wait, however, for in five minutes' time the cramps, the vomiting, the purging, the jactitation had all begun to lessen, and in twenty minutes more *every one and all of the symptoms had ceased entirely.*

Never before had I been so greatly surprised as I was at the effect I had obtained, and for some time expected a return of the symptoms, having no confidence in the permanency of the good I had accomplished; but there was never a return of any of them, and I absolutely gave my patient no other medicine than that aforementioned, excepting a little for a slight consecutive fever of twenty-four hours' duration.

The results obtained in this case were so very much better than I had dared to hope for, they so quickly followed the administration of the remedy that, for some time subsequently, I was disposed to regard the sudden cessation of all the symptoms as a possible coincidence, but yet felt determined to repeat the treatment, the result of which had so greatly surprised me, the next time a similar case should come under my care. And not many days elapsed before an opportunity was afforded me of further trying the same treatment in a similar and nearly as severe a case. The effects that followed were fully as prompt, decided and lasting; and during the remarkably hot weather of that summer and autumn I had frequent opportunities of further

testing the efficiency of the hypodermic treatment of cholera morbus, and it never disappointed me, though occasionally I would have to repeat the dose before I would obtain entire relief for all of the symptoms. And since that time, ten years ago, I have always similarly treated cholera morbus, and always successfully and permanently so, and generally without the occurrence of consecutive fever.

And for some years past, when I have been summoned to a case of vomiting and purging, I go feeling assured that I will be able to give relief in a short while, with but little trouble and delay, and without bringing into requisition any of the old fashioned and old fogyish therapeutics of past years, such as "broken doses" of calomel, cayenne pepper, rubefacients of turpentine and ammonia, hot bottles, hot bricks, *et id omne genus*, a plan that necessitated twenty-four hours' time, resulted in the patient getting all the skin rubbed off his legs and arms, and sometimes left him with an infernally sore, salivated mouth and swelled tongue, wherewith to curse, in thickened accents, that "d——d doctor" for salivating him so badly!

I have heretofore reported the treatment of one case of cholera morbus, upon the plan herein mentioned, in the REPORTER, but do not recollect of having ever seen any accounts of similar treatment for that disease by other physicians, though I suppose that others may have adopted and practiced it. I have very often pursued the same plan for the relief of long-continued and obstinate vomiting, the result of different causes, and successfully in most of the cases, especially those cases denominated "bilious vomiting."

HOSPITAL REPORTS.

HOSPITAL OF THE COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

HYSTERIA.

A clinical lecture by A. B. Arnold, M.D., Professor of Clinical Medicine and Diseases of the Nervous System, College of Physicians and Surgeons, Baltimore.

REPORTED BY J. W. PLUMMER-BATES, M.D.

Hysterical Convulsions — Moral Depravity — Self-inflicted Injuries—Vasomotor Disturbances.

This young girl was sent here by a medical friend, from whom the following history was obtained. A few weeks ago she came under his treatment for a sore arm. He found the whole inner side of the left arm covered with an eruption resembling a crop of large-sized pemphigus. Above the bend of the elbow he observed, also, some small, brownish-looking spots, which felt hard to the touch, and proved to be the ends of needles, that were easily extracted. The skin eruption showed little tendency to heal, and as the girl had no means of support she was sent to this hospital. The patient complains of severe pain in the affected arm, which she describes to be of a burning and tingling character. From the shoulder to the tips of the fingers there is almost a complete denudation of the skin. In a few places there still exist some unbroken blebs. The arm is considerably swollen, especially at the elbow joint, which is immovable, and keeps the limb in a state of semi-pronation. During the second night after her admission she was attacked with spasms, but they had already ceased before the house surgeon saw her. On examining the arm, he detected a number of fine punctures on a portion of healthy skin, from which protruded the ends of needles. The girl stoutly protested her innocence when she was accused of having introduced the needles herself. I witnessed one of her convulsive seizures, which was of a decidedly hysterical character. She deliberately threw herself on the bed and began a series of disorderly movements, in which her whole body seemed to be engaged. There was plenty of writhing, twisting and jerking; a hissing noise escaped from between her clenched teeth; the eyes were turned upward, so that only the white could be seen. Occasionally she would scream and stare about, and then point to her epigastrium, which was probably the seat of uneasy sensations. Pressure over the ovarian region did not arrest the paroxysm. The only symptom which remained after the patient had fully recovered was extreme dilatation of both pupils. Very little could be ascertained concerning her family history. She is only eighteen years of age, and has evidently led a wandering and dissolute life. Not the slightest traces of a venereal taint could be discovered on her body. Her menses are regular; all the other functions are normal, and for a person of her position in life she is quite intelligent. She has, however, a downcast look, her movements are sluggish, and her speech has a whining tone.

Hysterical Paraplegia, Hemi-anæsthesia, Analgesia and Trance.

Not long ago a case of hysteria came under my observation which is an instructive example of another and not uncommon form of this malady. The patient is an unmarried woman, about 20 years of age. According to her mother's account, she had given her family much trouble. Among the medley of disorders to which she has been subject I will only mention a few of the more important. For a considerable time she had suffered from neuralgic pains of the back and lower extremities, which suddenly ceased on the occurrence of paraplegia and frequent retention of urine, that confined her to bed for many months. At present no motor paralysis exists, but there is hemi-anæsthesia of the whole of the right side of the body, analgesia of the face of the same side, and dorsal aspect of both extremities. For instance, when a needle is deeply thrust into the skin, or when the flame of a candle is held near the part, she evinces no

signs of pain. She also cannot distinguish thermal differences; cold and warm substances placed on the affected side only produce the sensation of faint tactile impressions. Sometimes she is overcome by a deep sleep, which alternates with a condition resembling trance. After coming out of this somnolent state she is restless, peevish and morose, moans, and behaves like a crabbed child that cannot be pacified, and finally she insists on being taken to her mother, for whose fondling and caresses she seems to crave.

Hysterical Asthma—Convulsive Attacks and Delirium.

You will probably recollect that at a former clinic I introduced a boy 15 years of age, who suffered from repeated attacks of asthma, which differed from the ordinary spasmodic type, and could not be traced to any recognizable disease of the thoracic organs. The only other symptoms which accompanied the extreme oppression of breathing, and disappeared with it, were a tumultuous action of the heart, and a severe pain over the cardiac region. The boy had been afflicted with these seizures for the last two years, and during that time the real nature of his disease could not be satisfactorily determined. Since then another group of very significant symptoms developed, that greatly helped to clear up the diagnosis. The labored respiration, the pain and violent action of the heart still open the scene, but these symptoms are now quickly replaced by a semi-unconscious condition and nonrhythmical convulsive movements. At intervals he is delirious, yells and calls for help, then suddenly his face lights up in smiles, he rises from his bed, nods his head, gesticulates with his fingers, and as a finale bursts into a fit of sobbing. It is noteworthy that the repetitions of these hysterical attacks exhibit a uniformity in the order and character of the symptoms. The mother of the boy thinks that his ailment was caused by one of his companions who had played some trick upon him.

However well marked these cases of hysteria really are, yet it cannot be said that they are typical examples of this disease; for hysteria is protean in its manifestations, and strange enough, its apparently unessential symptoms are the most significant. And, indeed, how is it possible to give a true clinical picture of a malady that simulates nearly every known disturbance of the nervous system; affecting sometimes the intelligence, though more frequently the emotions and the will; inducing derangement of common and special sensation, and of the motor functions, and thus presents disorders variously combined and manifold in their character. It is also a peculiarity of hysteria that some of its symptoms may be merely of an isolated or localized description, such as sudden blindness, asthma, vomiting, etc., or counterfeit disease of the spine or of the joints. In view of the remarkable variability and complexity of the hysterical symptoms, as well as their frequently sudden appearance and evanescent character, it is not surprising that no distinctive lesion of this disease has as yet been discovered. The old notion that hysteria, as its name indicates, always depends upon some uterine derangement, and is therefore limited to the female sex, is now generally abandoned. By nearly common consent this disease is provisionally classed among the neuroses, with which it has many points of agreement—chief among them being a peculiar susceptibility of certain portions of the nervous system to functional derangement, or, speaking more specifically, there probably exists a morbid excitability of the cerebro-spinal axis which readily disposes to reflex action from slight irritation. Of course, suppositious reasoning of this sort goes but a little way to indicate the pathology of neurotic affections; hence, for the want of a more substantial explanation, we must be content to retain the misnomer, hysteria, as merely denoting a tolerably well defined disease, based upon clinical observations.

The diagnosis of hysteria would be an easy task were it not for the frequent occurrence of isolated symptoms of this disorder unattended by others that usually serve as a clew. This is well illustrated by the cases I have brought before you.

Let us compare their symptomatology, and inquire on what grounds the diagnosis of hysteria is founded in each of them, although their morbid phenomena do not seem to have much in common. Bearing in mind the mental peculiarities, the impulsive proclivities and incalculable conduct of the hysterical, the repeated wounding of the arm in the case of the girl would be quite in keeping with these morbid characteristics, and if any doubt remained of the correctness of this inference it would at once be removed after having witnessed the significant convulsive attacks. The tendency to malingering, of which the hysterical are accused, receives its true interpretation when considered in connection with other signs of the malady. It is not so much the concrete example as the evidence it affords of a deterioration or perverseness of the volitional energy, which is of importance. From the same source originates, also, that moral obliquity observed as an occasional phase of hysteria, which may consign the victims to the disreputable and even dangerous classes of society. There is no trenching upon the province of the moralist when the clinician acknowledges an intimate relation between the hysterical diathesis and unhappy propensities. Many an incorrigible female who is unfortunately under the sway of the hysterical element, may be for a length of time a puzzle as well as a source of mortification to her family and friends, until the enlightened physician recognizes the true state of the case.

Applying these considerations to the unraveling of the psychical condition of our patient, it becomes less difficult to account for the reprehensible conduct and the practices of dissimulation and imposture of one of her age and sex. Eminent authors, among whom Griesinger and Maudsley may be mentioned, consider hysteria a form of insanity. That hysteria may develop into insanity there cannot be a doubt; but the medical profession does not recognize this affection as a mental disease when short of unmistakable evidences of unsoundness of mind. The cutaneous eruption of the arm, and the swelling

and stiffness of the elbow joint, must be considered as incidental occurrences resulting from the needle punctures that wounded the so-called trophic nerves, or at least occasioned vaso-motor disturbances.

Since the publication of Weir Mitchell's admirable work on "Injuries of Nerves," we have become acquainted with skin affections and changes in other tissues that are produced by the wounding of superficial nerves. No one who is at all familiar with the physiognomy of an ordinary hysterical fit would hesitate to declare the convulsive seizures of the girl to be of that description. There are points of resemblance between the hysterical and the epileptic convulsion, but hysteria always impresses its own stamp upon symptoms that betray their true character. The hysterical paroxysm is often the culminating effect of a provocation: the convulsions present only a quasi appearance of tonic or clonic contractions, and seem to be not completely beyond the control of the will; consciousness is not entirely in abeyance; nor does the hysterical fit, with the exception of those rare instances of hystero-epilepsy, present that horrible and repulsive sight which is so characteristic of the epileptic seizure. Certain minor differences deserve also to be mentioned. The epileptic cry occurs only at the onset of the attack; the hysterical screaming often continues throughout the whole paroxysm. Biting of the tongue is unusual in hysteria. The epileptic comes rapidly out of his convulsive condition, and may then either fall into a heavy sleep or be speedily restored. Hysterical convulsions, as a rule, last much longer and frequently terminate after a fit of laughter or sobbing.

The second case presents the comparatively rarer symptoms of hysteria, such as motor and sensory disturbances, and trance. Their hysterical nature is principally revealed by the clinical history of the case. It is an important hint to diagnosis when paralysis occurs in a nervous female after some mental shock, or when it is preceded or accompanied by other well known hysterical symptoms. The obstinacy of these nervous affections is sometimes very great, which seems to be quite at variance with the supposition that no palpable lesion exists, but the latter is supported by the curious phenomenon that hysterical patients who were bed-ridden for a great length of time, with paralysis, have recovered the use of their limbs instantaneously, under the influence of a mental or rather a moral impression.

No little embarrassment was felt, in the case of the young lad, to interpret correctly the respiratory and cardiac symptoms that preceded the development of the more recognizable features of hysteria; and among the latter the apparently trivial event of sobbing, which seemed to relieve and quiet the nervous commotion, served as a valuable guide to diagnosis.

There is certainly some risk in allowing a too great latitude to the term hysteria, and it is especially important to remember that not only are the earliest stages of organic affections of the nervous system frequently masked by symptoms of an obscure character that may easily be mistaken for hysteria, but even the slow development of chronic diseases in females, such as phthisis pulmonalis and cancer of internal organs, may lead to a similar diagnostic blunder.

A carelessness in the use of the words "hysterical" and "nervous" generally prevails. When we speak of a nervous temperament we mean an exaggerated excitability of the nervous system which is still within the limits of health; but when, in addition to this certain well understood phenomena of a neuropathic character are apt to be developed we recognize the hysterical disposition. This distinction, however, cannot always be carried out, and practically it is of little importance.

In regard to the treatment, I share the opinion of those who look upon the hysterical as actual sufferers. From my personal experience I have nothing to add to the well intentioned suggestions and other edifying reading you will find in the books concerning the educational and disciplinary management of children who show a hereditary tendency or predisposition to hysteria. The "moral therapeutics" of established hysteria, I am inclined to believe, consists of that subtile influence exerted by a certain address or aptitude on the part of the physician, which secures the confidence of his patient. This is probably the reason why some practitioners are particularly popular with the hysterical. It is hardly necessary to allude to the importance of paying attention to the functional derangements of the female generative organs in cases of hysteria. In a great number of cases no such derangements exist, and according to my experience, the instances in which the skill of the gynecologist was alone sufficient to cure form the exception. Many hysterical persons require a general tonic treatment, which suggests the use of iron, strychnia, phosphorus, cod-liver oil, etc. Whether these remedies, however judiciously selected, exercise any direct beneficial influence on hysteria proper, is another question; for a considerable number of nervous and hysterical people present the appearance of perfect health. Unaided nature comes promptly to the rescue of the hysterical convulsion, and the only service which the hastily summoned physician can render to the patient is to ward off mischief and to discourage the officious meddling of spectators. Among the latter I include the popular practice of forcibly closing the mouth of the patient and throwing buckets of cold water over the body. Electricity has recently been employed with success in aphonia and other forms of local hysterical paralysis. The bromides are now extensively used in hysterical spasms, and always deserve a fair trial. Of late I have given preference to the bromide of zinc, beginning with gr. $1\frac{1}{2}$ twice daily, and gradually increasing to grs. 4. It must be administered in pillular form. The electric brush is especially valuable in anæsthesia. In praise of the traditional anti-hysterical remedies, this much can be said, that it is far preferable to prescribe assafœtida or valerian than to expose hysterical females to the dangerous fascination of alcoholic stimulants, which, undeniably, produce a calming effect on the many disagreeable sensations from which these patients constantly suffer. For a similar reason it is advisable to use narcotics

sparingly, though they are sometimes indispensable. Every one has some favorite combination from this class of drugs, which the hysterical patient is recommended to keep on hand for emergencies. The following I have found to answer the purpose very well:—

℞. Ext. valerian. fl., ℥j
Ext. sumbul, fl., ℥ss
Tinct. castorei, ℥vj
Spt. ether. chloric,
Syr. aurant. cort., āā ℥iij. M.
Sig.—One teaspoonful, frequently repeated.

Editorial Department.

Periscope.

Treatment of Cholera Infantum.

On this subject Dr. G. A. Moses observes, in the St. Louis *Courier of Medicine*—

Without combating at present the contrary recommendations, suffice it to say that the plan of Dr. Dewees, described in his admirable treatise on Diseases of Children, has proved more satisfactory to me than any other. That is, at the outset, small doses of calomel, one-tenth to one-fourth of a grain every hour until the character of the evacuations is improved. In addition to this, when the stomach is very irritable, a mixture containing a small quantity of calcined magnesia in cinnamon water, or a weak, very cold solution of bicarbonate of soda, taken every fifteen minutes, will frequently answer an excellent purpose. No food should be permitted, not even the breast, until the choleriform symptoms shall have been much diminished. Cold egg water, made by breaking the white of a fresh egg into a glass of water and tossing this from glass to glass until thoroughly mixed, made very cold with ice, may be administered in teaspoonful doses at short intervals. This will allay thirst, and not irritate. Food is of no service, but of harm, as digestion is impossible.

When the mucous infiltration shall have subsided, as will be evinced by diminished frequency of discharges and the appearance of the yellowish-colored succus entericus, the calomel may be given at greater intervals, and a simple astringent mixture, such as the mistura creta, with or without a very small quantity of opium, may be administered; but both for the purpose of relieving pain, securing sleep, and allaying nervous irritability, I prefer the bromides or chloral.

Treatment of Nocturnal Seminal Emissions.

In an article in the *American Practitioner*, Dr. F. J. Bumstead gives the following directions—

In all cases of frequent nocturnal emissions the genital organs should be examined, and whether phimosis exists or not, if the prepuce be long and redundant, circumcision is to be recommended. A very marked varicocele may also render surgical interference desirable.

The hygienic rules to be given to the patient are very simple. It is better that the most substantial meal in the twenty-four hours should be taken at noon; the supper should be light, and food and drink be entirely avoided in the evening; the bed-chamber should be well ventilated, a hair mattress preferred to a feather bed, and much covering avoided. The patient should sleep upon his side, and not upon the back; a small pillow placed between the knees, so as to separate the thighs and prevent the scrotal organs from becoming heated, is sometimes desirable; and the patient should rise as soon as he wakes, emissions occurring most frequently during the semi-consciousness of the early morning nap.

Tobacco in every form should be prohibited, since it not only increases the general irritability of the nervous system, but appears to have a direct influence in diminishing the tone of the genital organs, and thus favoring seminal emissions.

Above all, as already stated, the mind of the patient should be distracted from his complaint by constant occupation, and his general health be promoted by a plain but nourishing diet, and by daily outdoor exercise, not carried to fatigue, since it is found by experience that when the strength is exhausted an emission is more likely to occur.

Many of these patients also have constipated bowels, and means should be taken to secure a daily stool.

As a rule, no other measures than the above are required. It is to be understood, however, that any weakness and irritability of the nervous system may require the administration of tonics, a change of climate, etc. For this purpose I have found the two following prescriptions of good service:—

			Grams.	
℞.	Ferri et quiniæ citrat.,	℥iij	12.	
	Strychniæ sulph.,	gr.j	.06	
	Acidi phosphoric. dilut.,	℥ss	15.	
	Syrup. aurantii,	℥ij	75.	
	Aquam ad.,	℥iv	145.	M.

Sig.—A teaspoonful (5.00) in water, after each meal.

			Grams.	
℞.	Strychniæ sulph.,	gr.j	.06	
	Acidi phosph. dilut.,	℥iij	90.	M.

Sig.—A teaspoonful (5.00) three times a day, after eating.

The tincture of the chloride of iron, and also ergot, have been supposed, and I think justly so, to have a special tonic effect upon the genital organs; but they must be given in large doses, as, for instance, from half a drachm to a drachm (2.00–4.00) of either the tincture of iron or the

fluid extract of ergot (Squibb's), in water, after each meal. They may be combined, as in the following prescription:—

			Grams.	
R.	Tr. ferri chloridi,	℥ss iij	90.	
	Ext. ergotæ fl. (Squibb's)	℥ss iij	90.	M.

Sig.—A teaspoonful (5.00) in water, after each meal.

As a direct means of diminishing the frequency of the emissions, however, the following is often found to be most efficacious:—

			Grams.	
R.	Potassii bromidi,	℥ss j	30.	
	Tr. ferri chloridi,	℥ss j	30.	
	Aquæ,	℥ss iij	90.	M.

Sig.—From one to two teaspoonfuls (5.00–10,00), in water, after each meal, and at bedtime.

Mention has already been made of the advisableness of circumcision when the prepuce is long. It may also be found, upon the introduction of a sound, that the urethra is over sensitive, especially in the prostatic region. In such cases the introduction of a cold sound of full size, at first every third or fourth day, and afterward with greater frequency, will generally afford relief to the hyperæsthesia. I sometimes inject into the prostatic urethra about ten drops of a solution of nitrate of silver of the strength of twenty grains (1.30) to the ounce (30.00) of water, by means of a deep urethral syringe, or Guyon's flexible catheter and syringe. The severe cauterization with the *porte-caustique* of Lallemand should by all means be avoided.

The Advantages of Alcoholic Surgical Dressings.

In the *Western Lancet*, July, Dr. A. E. Regensburger brings forward some evidence to show that alcoholic dressings are a prophylactic against erysipelas. He adds:—

Alcohol possesses three advantages over many other dressings, which may be briefly formulated. 1st, simplicity; 2d, cleanliness; 3d, absence of all odor. Unquestionably, something that cannot be said of many of the complicated dressings in use at the present day. To convince one's self of the correctness of the above assertion, having used or having seen it properly employed for a short space of time, is all that is requisite. In applying this dressing all that is necessary is some alcohol and some charpie—no spray producers or other elaborate or costly paraphernalia. The piece of charpie is moistened with alcohol, and the wound, after being otherwise properly arranged on general surgical principles, is covered with it. The dressing is changed two or three times in twenty-four hours, care being taken to keep the charpie continually saturated with alcohol. In France a great many use *eau de vie camphrée* instead of alcohol alone. Whether the camphor adds anything to the efficacy of the alcohol I am not prepared to say; but I am rather inclined to think that it does not. Contrary to what one might suppose, the pain occasioned by the application of alcohol to a wound is not severe. The first two or three applications cause a slight smarting sensation, after which it is *nil*. Possessing all these advantages, and very few drawbacks, we trust that this method may receive a trial by the profession on this coast, and if it responds to the hopes entertained of it, that it may be used universally.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Atlas of Histology, by Dr. E. Klein and Mr. E. Noble Smith, part v., embraces striped and unstriped muscular fibre and medullated nerve fibre. The illustrations are exquisite, as usual, the text brief and clear. Philadelphia, J. B. Lippincott & Co.

——The President's address before the American Medical Association, at Atlanta, was by Dr. Parvin, and his topic was "Philosophical Problems in Medicine." It is now out in pamphlet form. That it is learned, nobly inspired and gracefully written, all will find who read it; that it solves any of the problems it touches, nay, that it even states the more important of them fairly and in the true spirit of science, we are forced to deny. For instance, the logical necessity of assuming intelligent design in order to explain the adaptations of nature is wholly rejected now, even by many theologians.

——Dr. John Van Bibber, of Baltimore, read a paper last April, before the Medical and Chirurgical Faculty of Maryland, which that body refused to publish, so the author now issues it himself. Its title is "The Future Influence of the John Hopkins Hospital on the Medical Profession of Baltimore." Why the Faculty wouldn't publish, may be judged from the following extracts: "If we regard the present state of the medical profession in this city, we see it in almost the same condition as we might expect to find the profession of a much more obscure and less populous community. * * * Having no centre of observation and research, the literary efforts of medical men here have been meagre, scanty and unimportant. Though some few have attained eminence, it has been, with one exception, merely local, and the efforts of these students have been lost in the routine of exacting and laborious duties. During the last fifteen years the standard of medicine here has even descended lower."

The Faculty should have remembered that if these statements are without foundation they will be without effect; and if true, they deserve publicity. In either case their timidity about meeting the issue is not in their favor.

BOOK NOTICES.

Lessons in Gynecology. By William Goodell, A.M., M.D., Physician of Preston Retreat, Professor of Clinical Gynecology in the University of Pennsylvania, etc. Philadelphia, Pa., D. G. Brinton, 115 South Seventh street, 1879. pp. 380. Illustrated. Price, cloth, $3.00; leather, $3.50.

Philadelphia, the oldest seat of medical instruction in the United States, has given the profession, during the present century, but three works on diseases of women, the authors of these works being Dewees, Meigs and Hodge. Nearly a score of years has passed since the first edition of Dr. Hodge's treatise was issued, and the silence of Philadelphia teachers, that had become painful, if not punishable, is now broken. And he who breaks this long silence is also a teacher in the honored University in which Dewees and Hodge were themselves instructors, but teaching diseases of women very differently, indeed, from the way in which they were taught by his illustrious predecessors. It is well that some men who hold prominent positions are sensible of the truth that they are debtors to the profession, and that censure, both public and private, is sure to come upon them if they take, through a long series of years, the honor and the rewards of those positions, and keep their treasures of knowledge and experience merely for their classes and their private gain.

Dr. Goodell's handsomely printed, neatly bound volume (of nearly four hundred pages), is dedicated to S. Weir Mitchell, M.D., and is entitled *Lessons*. Is the title wisely chosen? A few years ago a translation was made of the *Leçons* of Velpeau, and published under the name of *Lessons*. A New York reviewer, who did not thereby end his life, criticized very severely the term—a reviewer sometimes is thought nothing unless critical—condemning it, however, chiefly, our memory not being in fault, as a mis-translation of *Leçons*, though really the error is more apparent than real, for probably our word lesson is simply that Anglicized. As several of the papers composing the volume were occasional contributions to medical journals, the term clinical lectures, which would be appropriate to most, would not include these. So let Lessons remain, for we believe the word has been wisely chosen. It is one of the author's rare gifts, acquisitions we had better say, to be able to use the right word; a homely word it often is; again, a word so little in use as to be almost if not quite obsolete, but still generally the right word; a word carrying a light so clear that the thought is made plain. He calls a spade a spade; yes, and for this matter too, he calls a *spayed* a *spayed*, unless Albert H. Smith's criticism at the last meeting of the Pennsylvania State Medical Society shall induce him to renounce such great plainness of speech!

The first of the twenty-nine lessons constituting the book is devoted to *Gynecological Instruments*. We make no remarks upon the collection of instruments advised by Dr. Goodell, save that we would include Emmet's curette forceps and Neugebauer's speculum in the list, and exclude Eliot's repositor, which we believe is a good instrument to avoid using. We must confess too, to a moment's doubt of the author's rhetorical infallibility, when we come to the word "applicating," on page 22; a word made for the occasion from the obsolete verb applicate; applicating is, however, no more objectionable than eventuate, which has found a permanent place in American English.

The second lesson is upon *Caruncle and other Affections of the Female Urethra*. The chapter is excellent throughout; excellent in language, clear and valuable in instruction. One must be struck with the apparent contradiction between the statement here made by Dr. Goodell, as to prolapse of the mucous membrane of the urethra, occurring most frequently in children, and that of Dr. Skene, *Diseases of the Bladder and Urethra*, that the few cases of the accident he has seen were in women over fifty years of age. Doubtless Dr. Goodell's statement is correct, and a conclusion drawn from Dr. Skene's experience would be erroneous. For our own part, we have never seen such prolapse, except in children. We do not quite coincide with Dr. Goodell in the treatment of the affection—"snipping off a strip of the prolapsed mucous membrane, or one or two applications of nitric acid in a narrow streak around its whole circumference."* That may do in the slightest cases of the displacement, but when you have a tumor the bigness of the end of the thumb, and tormenting vesical distress, with partial retention of urine, *tempus non eget acido nitrico vel strip-o*, speaking after the manner of the Roman poet. Then a catheter must be introduced to relieve the bladder, and retaining the instrument, ligate as proposed by Seguin, the mass around it, a mass already possibly threatening to slough.

* And yet we are inclined to put an interrogation point on p. 28, after "visually inspect."

The third lesson, *Vesical Diseases of Women*, contains in eight or nine pages a wonderful amount of plain, practical, invaluable instruction.

Fistulæ of the Female Genital Organs are considered in the fourth lesson. We venture the assertion that no matter how much one may have studied the abundant literature of these fistulæ, nor how great his practical experience in their treatment, he cannot read this chapter without acquiring some new knowledge; while to the student entering upon the subject for the first, there is given as good a presentation of it as can be found anywhere, one that will readily and indelibly fix itself in his mind.

The fifth lesson includes *Closure of the Vulva for Incurable Vesico-vaginal Fistulæ; Tumors of the Vulva.* In introducing the history of a case of incurable vesico-vaginal fistula, in which he proposed (and subsequently executed), closure of the vulva, and perforation of the recto-vaginal wall, so that the urine should be discharged into the rectum, and thence evacuated, Dr. Goodell remarks, "I am emboldened to recommend this step, because a very analogous operation had succeeded in the hands of my friend, Dr. W. W. Keen. His patient had an incurable vesico-vaginal and recto-vaginal fistula. * * * I aided him in closing up the vulva, and he has since told me that she is now able to hold her urine in the rectum for hours before voiding it." But it ought to be remembered that Da Costa Dwarte, *Des Fistules Génito-urinaries chez la Femme*, in 1865, proposed the very operation executed by Dr. Goodell, and that Baker Brown had demonstrated in 1860, in the London *Lancet*, April 19th, 1862, page 402–3, the same fact which Dr. Keen subsequently did.

The sixth and seventh lessons are upon *Lacerations of the Female Perineum.* We miss any notice, in the description of the secondary operation, of the admirable method of Dr. E. W. Jenks, late of Detroit, now of Chicago, for denuding the surfaces to be brought in union. We find, too, that Dr. Goodell is an advocate for keeping the bowels confined after perineoplasty, an old and general practice which, however, some excellent authorities, Lawson Tait, for example, are discarding.

Chronic Metritis and Endometritis are discussed in the eighth lesson. The chapter is practical, contains many useful formulæ, and amply repays, not only careful perusal, but study.

Versions and Flexions of the Womb, Dilatation of the Cervical Canal, Pessaries and Abdominal Supporters bring us to the fourteenth lesson, which is upon *Prolapse of the Womb.* When we read, in reference to supporters, this able University teacher's words, "Within a few years I have become convinced that much advantage can be gained from a judicious use of braces as adjuvants to the treatment of uterine disorders," we could not help thinking that if ever the graves of the dead could be disturbed by the utterances of the living, these words would surely disturb the rest of that venerated teacher, Dr. Hugh L. Hodge. How often, how earnestly he declared to his classes that the cavity of the abdomen was a *plenum*, and any pressure upon the abdominal walls from braces, bandages and supporters, so far from remedying, would surely aggravate uterine displacement!

Prolapse of the Womb, considered not only in the fourteenth, but also in the fifteenth lesson, presents some controverted points, especially since the utterance of Dr. Emmet in his recent work, to the effect that amputation of the cervix, except in cases of malignant disease, is malpractice, a declaration that the profession will be very slow to accept. This and other matters of dispute would require more space and time for proper consideration than we have at our command.

Laceration of the Cervix Uteri is the subject of the sixteenth lesson. The profession is debtor to Dr. Goodell for the remarkably clear exposition of this important and not uncommon lesion and its treatment.

The seventeenth lesson has for its subject *Cancer of the Womb.* Lord Bacon urged that physicians should study methods of curing diseases regarded as incurable. Cancer presents a most important field in which to exercise the great philosopher's injunction. Dr. Goodell presents some most interesting cases in which local treatment materially retarded the disease, and others in which it was apparently permanently cured. Certainly this darkest chapter of uterine pathology becomes less dark by the light of his experience.

One of the most valuable of the *Lessons* is the eighteenth, *Vegetations of the Endometrium.* The non-malignant form of these vegetations, *endometritis hyperplastica*, generally readily yields to the curette and swabbing the surface with a strong tincture of iodine. Dr. G. states that the dull wire curette of Thomas sometimes fails, and then he uses Sim's sharp curette. We confess that we prefer Récamier's instrument to either.

He states, "whenever the redundant mucous membrane hangs down in spongy folds, I have

found nothing to remove it so well as a small pair of fenestrated polypus forceps." We were in the habit of using such forceps for this purpose until two or three years ago we got a pair of Emmet's curette forceps, and since using this instrument find it unnecessary, in many cases, to resort to the curette itself.

Uterine Polypus and *Fibroids* are the subjects of the nineteenth and twentieth lessons, while the treatment of the latter is considered in the twenty-first lesson.

The twenty-second lesson is upon *Spaying for Fibroid Tumors of the Womb, and for Other Disorders of Menstrual Life.* This important subject is discussed ably and impartially; valuable tables of the operations, and of the effect of double ovariotomy upon menstruation, are given, and every help now possible given for reaching a just conclusion. While not yet prepared to give our adhesion to the operation, the investigations of Dr. Goodell certainly present it in a more favorable light. In the Edinburgh *Medical Journal*, June 1879, Prof. Simpson narrates a successful case operated upon June 1878. On the other hand, is it not probable there have been unsuccessful cases that have not been reported, or that the percentage of recoveries, of cures partial or complete, and of deaths, is still unsettled?

Ovarian Cystic Disease and its Treatment are faithfully presented in the twenty-fourth lesson, while *Vaginal Ovariotomy* is the subject of the twenty-fifth.

The next lesson is entitled *Nerve Tire and Womb Ills*: or the *Relation of Neurasthenia to Diseases of the Womb.* To our notion the *alias* is the better title, and under it the paper appears in the third volume of the Transactions of the American Gynecological Society.* The profession is already quite familiar with this admirable contribution. He who puts in practice the instruction here given will rescue many a poor sufferer from chronic invalidism, promote her happiness, prolong her life.

The twenty-seventh lesson gives us *Practical Hints for the Prevention of Uterine Disorders*; hints that are, indeed, of the utmost importance. Then we have in the twenty-eighth a discussion of the *Relation which Faulty Closet Accommodations bear to the Diseases of Women*—not "a dainty dish to set before" any one, it might be imagined, but yet delicately, plainly, usefully presented.

The final lesson is entitled, *The Sexual Relations as Causes of Uterine Disorders.* These are referred to as *Conjugal Onanism, and Kindred Diseases.* But is it a proper use of language to indicate that onanism, conjugal or not, is a disease, as is implied in the addition of "and kindred diseases?" The onanism may, and does generally, induce disease, but it is a voluntary act, and therefore can hardly be classed as itself a disease. However, let this pass. The lesson is an exceedingly valuable one, dealing with most delicate topics, topics having most fundamental relations, not only to good health but to good morals, and yet considering them with plain speech and wise counsels. Sexual excess, the fountain of countless miseries and immoralities, has no more fruitful source than in the unenlightened imagination, the unchecked and impure fancies of youth. The growing boy frequently passes into his physical manhood ignorant of the womanly nature save as he learns it from obscene books or obscene companions. By and by he enters married life, possibly continent to that time, and then gives loose rein to the imperious passion that has grown with his years and strengthened with licentious imagination and lascivious dreams, so often believing that woman is altogether such an one as himself. Most heartily do we wish a truer knowledge of the womanly nature and the womanly character could be imparted to young men! Such a work as *Acton on the Reproductive Organs*, if not put in Sunday-school libraries, ought to be faithfully read by every youth entering manhood. Knowledge then and thus given would do a vast deal toward repressing licentiousness in its germs, whether that licentiousness be in the home or in the house of prostitution.

But we must bring our notice to a close. Dr. Goodell's book is one of the most valuable ever given the profession. It is a book that a doctor cannot help reading; and reading cannot help understanding; and understanding cannot help obtaining much knowledge of constant utility in his professional duties.

Such clear, vigorous English as Dr. Goodell uses is not found in all the works of medical libraries. We do not know his superior as a writer. Coleridge, we believe, remarked of Luther that his words were half battles. Dr. Goodell's words are whole torches, making always and everywhere his thoughts luminous.

We have but one regret to express as to the book, and this regret is that there is not more of it.

——Dr. J. Marion Sims' article on "Epithelioma of the Cervix Uteri," has been reprinted in pamphlet form. (Wm. Wood & Co.)

* Annual Address by the President

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VETERINARY MEDICINE AS A CAREER FOR YOUNG MEN.

We have before us a pamphlet, entitled "An Appeal to the Citizens of Pennsylvania for the Foundation of a Veterinary Department in the University of Pennsylvania."

This Appeal is timely, able, and ought to be promptly successful. It sets forth in strong, almost startling, language the necessity for an improved condition of veterinary science in the United States, on grounds at once humanitarian and economical; and also the advantage to the young men of this country in thus opening to them a career new, beneficent and profitable. Let us briefly review these arguments.

In 1870 the money value of the live stock of the United States was appraised at a little less than $2,000,000,000—two thousand millions of dollars. The most experienced stock owners estimate the loss annually from preventable and curable diseases at from 2 to 7 per cent.; in other words, at from forty million to two hundred and forty million dollars every year! Hog cholera alone, a distinctly preventable disease, taxes the Mississippi Valley at from $20,000,000 to $40,000,000 almost every year. The loss in the single State of New York from epidemic abortion in cows has reached as high as $10,000,000 in a single year. The epizooty in horses, in each of its several visits to the United States, has been estimated to have reduced the national wealth over $50,000,000. The immense interests involved in our shipments of live horses, cattle and sheep to Europe stand in hourly peril of destruction, from the dread of European powers at having epidemic diseases introduced there. These are but a small part of the facts and figures which the "Appeal" before us marshals to prove the urgent call for immediate and thorough instruction in veterinary science in this country.

Secondly, we may refer to its humanitarian aspect. The prevention of suffering in the lower animals as a principle of morals is a glorious development of modern civilization; it broadens sympathy to all that can feel; it extends charity to the alleviation of every form of suffering; and it does so, not out of superstition, but from a growth of purely ethical considerations. Hence it is that the Societies for the Prevention of Cruelty to Animals have taken an active participation in the furtherance of the study of veterinary medicine. The "Appeal" is largely made up by an address by the President of that Society in this city, and it is published under the auspices of the Society. Every one who has traveled much has witnessed the needless brutality to sick animals which prevails on cars, in public stables and on the road; and worse yet is the ignorant cruelty, the mediæval barbarity, which the cow leeches and horse doctors of this country inflict on their four-footed patients, under the pretence of treating them for disease. The gross neglect of every kindly consideration for their stock in the swill-milk stables of New York and the hog pens of the western distilleries have been matter of general newspaper comment. All this could be amended by a proper veterinary education of the profession and the masses.

The "Appeal" most justly stigmatizes the sort of contempt with which the profession of

veterinary science is regarded in the United States. It reminds the reader that in Europe the educated veterinarian is respected and recognized as a man of science; that men of position and liberal culture, graduates of the most famous universities, have taken it up as their life work, and have shown it to be as dignified, useful and noble as any profession whatsoever, as any department of business.

Hence it is that the appeal is made to young men of good preliminary education and prospects to qualify themselves in veterinary medicine, rather than to enter into the over crowded, underpaid, uncertain business of the ordinary M.D. More certain pecuniary returns await them, and a greater probability of fame and fortune. Just now this advice is golden. It requires no prophet to predict that in another score of years thousands will be turning their attention to veterinary studies, while now the field is wide and the laborers few: competition is almost unknown, and all the honors are open for the earliest aspirants. Congressional and legislative bodies are beginning to appropriate money by the tens of thousands of dollars every year to investigate and prevent epidemics among stock, driven thereto by the clamors of farmers and stock shippers. It will not be long before the American public awakes to the need of veterinarians of the very highest education. Who will be the first to secure the honors and emoluments of this new opening for young men?

With this general improvement in the education of veterinarians in this country must go, *pari passu*, the instruction of the mass of farmers and stock owners in the sanitation and domestic treatment of animals. And it is certainly a subject of congratulation that the very best book on this subject—acknowledged to be so by the leading English and American authorities—is that by an American physician, Dr. L. V. Tellor. Of this, the leading English authority, the *Live Stock Journal* of London, says that after careful examination it can say of it that "it is the best book of the kind we have yet seen."

THE NEED OF MORE BACKBONE ON THE PROSTITUTION QUESTION.

An instance of the feeble and timid style in which medical writers of this country speak of the legal control of prostitution, is exhibited in the Detroit *Lancet* of recent date. In a three-column editorial the subject is handled with gloves of double thickness and extra lined. The editor deprecates strong speaking on the subject. He can "scarcely accept the clamor of either side as the indication of any proper course of action;" and he makes the sage and profound observation, "If only we could engage all the children of the land in honest, worthy pursuits, we would be certain that there would be little demand for prostitutes by the next generation." Very true, most sapient moralist! And so also there would be little demand for prisons or workhouses, for preachers or for doctors. No doubt, if we could introduce the millenium at once, we should be quite virtuous.

But in his own suggestion for the doing away with prostitution the learned editor transcends himself. It is so striking, that we quote it in his own words:—

> There is one law that would be efficient, viz., one that would place adultery on the same ground as murder, or even stealing. To punish all adulterers by imprisonment and hard labor would wonderfully purify society. The enactment and enforcement of any such law is, of course, in the present state of morals, simply chimerical. Nevertheless, we think that the advocates of law would do well to work toward the above end. The attainment of such an end means a far higher respect for *humanity* and human rights than has ever held sway upon the earth.

This is a fair indication of the amount of knowledge with which most writers approach this subject. We have not at hand the statutes of Michigan; but if there is not among them one which makes adultery a felony, punishable with imprisonment, and a more serious crime in the eye of the law than many cases of stealing, then we will give odds that Michigan is the only one among Christian commonwealths that is without it. We will say, for the information of that writer, that Pennsylvania has such a law, and that it is enforced, and that many a man is now in durance vile in this State for breaking it;

but for all that, and in spite of this "chimerical" morality we enjoy, the professional prostitutes in Philadelphia are counted by the thousand, and any night he chooses he can pick them up by the dozen on our most prominent streets.

The editor of the Detroit *Lancet* knows perfectly well that there is not a regular medical journal in England, or on the Continent of Europe, that opposes the laws for the regulation and sanitary supervision of prostitution; he knows that he cannot name six physicians in Europe, of the least prominence, who have ranked themselves against those laws. He knows, too, that the medical profession has the best chance to judge of the effects of those laws, and he cannot deny that its expression is that of pure, unprejudiced, philanthropic men. Yet in all this he sees no "indication of any proper course of action!" If this is not cant or cowardice, what is it?

Notes and Comments.

Therapeutical Notes.

SULPHUR IN ACNE PUNCTATA.

The acne which occurs on the face of young persons is often very distressing to them. Dr. J. G. Parsons tells, in the *British Medical Journal*, a simple and efficient remedy. It is to dust the face with pure precipitated sulphur every night, with an ordinary toilet puff. This will usually effect a cure in about a week.

CERIUM OXALATE IN PERTUSSIS.

The latest specific in whooping cough is the oxalate of cerium. It is given in doses of gr. ½–2, before breakfast, once daily. Dr. T. Clark has recommended it in the *Practitioner*, and a New York physician, Dr. Morje, has reported favorably from its use.

QCININE IN GOUT.

From his experience in a half a dozen cases, Dr. C. W. Schœneman (*Pacific Medical Journal*) believes that quinine will cut short an attack of gout. He gives:—

R.	Quiniæ sulphatis,	gr.iij	
	Sodii bicarb.,	gr.xij.	M.

This amount every two hours during the day.

No other medication is needed, though the joint may be painted with tincture of iodine.

INFANTILE COLIC.

Instead of treating these cases with opiates, Dr. J. P. F. Brunner recommends, in the *Pacific Medical Journal*, the following combination, which he finds gives almost instantaneous relief and effects a permanent cure:—

R.	Tincturæ assafetidæ,	gtt.xv	
	Tincturæ cinnamomi,	ʒss	
	Sodii bicarbonatis,	ʒj	
	Syrupi rhei aromat.,	ʒij	
	Aquæ,	ʒiss.	M.

Sig.—Half a teaspoonful every three hours.

ACETATE OF LEAD IN DIARRHŒA.

In the London *Medical Times and Gazette*, Dr. B. Nicholson recommends, in ordinary diarrhœa and such as precedes dysentery, the following, which he finds almost universally successful:—

R.	Plumbi acetatis,	gr.iv	
	Pulveris opii,	gr.¼.	M.

For one dose, thrice daily.

No good, but rather disadvantage, resulted from increasing the amount of opium, though the quarter of a grain was decidedly useful. As to the acetate of lead, it is convenient and portable, sedative as well as astringent.

ERGOT IN PHARYNGITIS.

In chronic pharyngitis, where the blood vessels of the pharynx are enlarged and tortuous, and the secretion moderate, Dr. Dabney reports (*American Journal of the Medical Sciences*) excellent results from the following:—

R.	Ergotinæ,	gr.xx	
	Tinct. iodinii,	fl. ʒj	
	Glycerinæ,	fl. ʒj.	M.

Sig.—Apply to the pharynx freely, twice a day, with a camel's-hair brush.

A solution of Squibbs' solid extract of ergot also acts well in these cases, applied in the same manner.

Remedies in Tetanus.

In the last number of Schmidt's *Jahrbücher*, Dr. Knecht closes a long review of the recent treatment of tetanus. He finds that the plans adopted give the following result:—

By means of *surgical measures* (nerve stretching, excision, etc.), of 58 cases treated 28 died; mortality 48 per cent.

51 cases were treated with *curare*, of which 26 died; mortality 49 per cent.

60 cases were treated with *calabar bean*; of these 27 died; mortality 45 per cent.

134 cases were treated with *chloral* alone, of which 55 died; mortality, 41 per cent. To these add 23 cases treated by combining chloral either with bromide of potash, morphia, cannabis indica or belladonna, with only 4 deaths, and the mortality is 37 per cent.

63 cases treated in various other methods (bel-

ladonna. baths, jaborandi, opium, expectant method, etc.), gave 31 deaths; mortality 49 per cent.

From this exhaustive study he reaches the conclusion that *chloral*, especially in combination, should have the decided preference in the treatment of this formidable complication of wounds. Dr. Knecht refers to the case given in the MEDICAL AND SURGICAL REPORTER, vol. XXXVII, p. 268, as a good example of careful treatment.

Legal Objections to Cremation.

The medico-legal objections to cremation have been met by Dr. Trachini-Bonfanti, of Milan in an able paper. Dr. T. has been for 26 years the official medical expert of the criminal court of Milan; has in that period had charge of thousands of cases involving medico-legal questions; yet among them all only ten involved the exhumation of bodies, and four of these were in a case where the murderer had buried them himself, for concealment. This illustrates how slight is the oft-repeated objection to cremation that it destroys medico-legal evidence. It should be remembered that vegetable poisons can rarely be discovered after inhumation; while mineral ones are discoverable in the ashes.

Our countrymen will recall, in this relation, the example of Henry Laurens, of South Carolina, the first President of the Congress of the United States. He died at Charleston in 1783, and in his will directed his son to burn his body on the third day, as the sole condition of inheriting an estate of sixty thousand pounds sterling.

In Vino Veritas.

In the *Vierteljahrschrift für Gerichtliche Medicin*, July, Dr. Westphal reports the case of a murderer who was alleged to be partially insane. Among the tests was the administration, on two occasions, of sufficient brandy to make him quite drunk. In this condition of intoxication he plied him with a number of questions, believing that if his delusions were simulated he could not keep up the deceit when so much in liquor. As the man still persisted in his insane statements, the expert concluded that he was really demented.

A Sanitary Puzzle.

One would suppose that a race who live out doors, in a pure, dry air; who are temperate in all things, never touching distilled or fermented liquors; who are moderate in passions, simple in life, and cleanly in habits; would be blessed with length of days. The Bedouin tribes of the Euphrates are such a race. But, according to Lady Anne Blunt's recent book of travels, in spite of their absolute temperance and constant open air life, they decay prematurely. Well made and handsome in youth, at forty their beards are gray; at fifty they are old; and the age of sixty is reached by few.

CORRESPONDENCE.

FOREIGN.

Letter from London.

ED. MED. AND SURG. REPORTER:—

During a pleasant call upon Dr. Hughlings Jackson, he kindly invited me to visit his wards in the London Hospital with him. This, of course, gave me an opportunity to see very many cases of nervous diseases of all sorts. The Doctor is in hopes that something yet will be found as a more radical mode of treatment for epilepsy. As yet, he says, it is rather discouraging, but the problem must be worked at as it is presented to us, and for various reasons he feels quite sure the future will be brighter for the poor epileptic. His experience with the bromides, as regards producing an eruption, is that only in exceptional cases is such an unpleasant feature present, and when such does come it is quite well controlled by the use of arsenic.

If I mistake not, our Dr. Mitchell says the same, that the bromides produce eruptions only occasionally.

My own limited experience has been just the reverse. It may be all the exceptional cases happened to me. At any rate, the acne of bromism has been a bother to me in several cases where it was necessary to push the remedy.

The English physicians love theory, and it was quite amusing, and indeed not without interest, to hear a doctor from Manchester, of some local repute, discussing with Dr. Jackson, as we all went the rounds, the "*localization*" and the "*tracts*," and the "*ganglia*." It were well for a medical man to be fresh from the hands of a *Pancoast* or a *Leidy* before venturing to join in the discussion.

By the way, this same gentleman from Manchester had brought down to London, to show the Pathological Society, sections of the cord of patients dying of hydrophobia. He found certain tracts of the cord changed. Dr. Mackenzie feared these "changes" were simply the effect of staining. Dr. Jackson replied that the fact was valuable, even if the changes were *post-mortem* ones and the result of coloring, if each time *certain distinct tracts* were so affected. During this conversation, Dr. Jackson's character was nicely displayed. He is an unassuming man. To look at him, one would scarcely imagine the work so well known as connected with the name of Hughlings Jackson was done by him. Small in stature, pleasant in manner, with

a kindly smile, but none of that pompous, swelling style so often connected with men who know their names are a power, who are conscious of the great work done by them, and would ever remind those around them of it. During this talk about hydrophobia Dr. Jackson exclaimed, over and over again, "I trust you are right, Doctor, I trust you are right." That is, he is anxious to have the practice of medicine to be more sure, the relief to mankind more positive, especially of those diseases of the nervous system which so far seem to baffle all efforts made to cure or arrest them, and he cares not *who* adds a little here and a little there so only that it is done. He does not desire that each and every advance made in neurology shall be made by him alone.

The other cases seen were chorea, hemiplegia and muscular spasms. The treatment of chorea is about the same as by Weir Mitchell, in Philadelphia, concerning which I have written much within a year or two. The case of spasm was of the muscles of the left arm, occurring in a man who had a severe fall eight years ago, after which this gradually came on. It was a constant and very severe spasm of chiefly the flexor muscles, and was a most distressing sight. Treatment, so far, had accomplished very little. In reply to a question what had afforded him the most relief, the man said curare.

The doctor from Manchester (I am sorry to have forgotten his name), said in a few similar cases he has been able to find one certain spot in the spinal column if pressure is made upon which the spasms are controlled, and has had permanent pressure made over the spot. Again, he said, other spots if pressed upon seemed to make the spasms worse. C. C. V.

DOMESTIC.

A Cass of Congonital Hydrocephalus.

ED. MED. AND SURG. REPORTER:—

On November 5th, 1878, I was called, at ten o'clock P.M., to visit Mrs. C., four miles in the country. On arriving I found a strong, healthy, well formed lady in labor with her fourth child; pains very weak and far between. I made per vaginam examination; found os well dilated and breech presenting. Gave one fluid drachm extract ergot at twelve o'clock. It did not encourage the pains much. At one o'clock A.M. gave one drachm more of ergot; this brought about violent ergotism.

The body and lower extremities were now born. Child living. At this moment all pains ceased. I could not succeed with the delivery. Believing that there was some malformation of the head, I sent for Dr. W. D. Craig, of Aledo, Mercer county, Ill., instruments and chloroform. Dr. Craig arrived at four A.M. Gave anæsthetic, and Dr. Craig with difficulty delivered the arms, but could not proceed any further with the delivery. Child now dead. The shoulders were drawn up so closely to the vulva of the mother that no examination could be made; labor pains having entirely ceased.

After further council we agreed to decapitate, which was done. The head now receded into the body of the uterus.

We now diagnosed our case to be one of hydrocephalus. Dr. Craig introduced the blunt hook into the mouth of the "dead head," and drawing it down into or against the pubic arch, gave it to me to hold while he, with a wrapped scalpel, made an opening in the left parietal bone of the cranium, when a gallon or more of fluid flowed, with small particles of brain. The skull now collapsed, and was delivered easily. I removed a large and healthy placenta. The patient had a good recovery, and said she felt better than after former confinements.

Can any of the correspondents of the MEDICAL AND SURGICAL REPORTER suggest any better plan of delivering a hydrocephalic baby than by decapitation? If so, please give us your suggestions through the MEDICAL AND SURGICAL REPORTER. GEO. IRVIN, M.D.

Aledo, Mercer Co., Ill.

NEWS AND MISCELLANY.

Two Prize Essays.

The German Empress has offered a prize of 2000 marks ($500.00) for the best essay on Diphtheria. The conditions are, that the writer is to bring forward important new facts as to the essential nature of the disease, especially with regard to the infectious matter which propagates it, its dissemination, and the means for arresting its progress. The essays may be written in German, English, or French, and must be sent to Prof. v. Langenbeck, Berlin, N. W. 3 Roonstrasse, on or before December 15, 1880.

The Pharmaceutical College of Madrid offers a prize of 5000 reals. ($250.00) to the author of the best memoir on the following subject:—

On a septic poison, with explanation of the method of isolation, and the experimental studies by which this is attained; with a demonstration of its nature, composition, properties and characteristics. A specimem of the poison is to accompany the monograph.

The competition will remain open until September 21, 1880, and competitors may be of any nation, but the memoir must be written in Spanish, French, or Latin.

New Medical Colleges.

Two "first announcements" of medical colleges reached us simultaneously the other day. One is that of "The Medical Department of the Arkansas Industrial University," at Little Rock. It is to have a voluntary graded three years' course, and in all respects to conform to the Articles of Confederation of American Medical Colleges agreed to at Atlanta. Attention is called to the fact that the General Assembly of the State of Arkansas passed an act legalizing dissection in 1873, and that subjects can be obtained without difficulty. The Secretary of the Faculty is Dr. R. G. Jennings, of Little Rock.

The second announcement is that of the "Homœopathic College of Physicians and Sur-

geons (Modern School)," Buffalo, N. Y. It seems the "modern school" of homeopathists intend to renounce what they call in this circular "infinitesimal and transcendental therapeutics," and give as big doses as they please. As the circular says—"the size of the dose has nothing whatever to do with therapeutics" (p. 6). It further adds: "An ounce of sulphate of magnesia in a case of diarrhœa is as homœopathic as a fractional part of a grain. Modern practitioners only claim for homœopathy that it is an addition to the old system of medical science, that it is simply a reform in the department of therapeutics, and that it begins where allopathy and all other schools end." As we have repeatedly shown, and as Hahnemann himself took pains to show, that the theory of *similia similibus* was constantly and largely practiced long before his birth, this last sentence is either a manifestation of gross ignorance or deliberate falsehood, we cannot tell which. But it is gratifying to see the follies of homœopathy recognized as such by its followers, and rejected one by one.

Some Pharmaceutical Novelties.

JAMES W. HORLICK & CO.'S PREPARATIONS.

We referred to these a few weeks ago. Since then we have employed their "Infant Food" and "Sugar of Malt" in several cases, including summer complaint of children, dyspepsia in adults and defective nutrition in phthisis. We have been much pleased with the results, and especially for infants, at this season of the year, we think their preparations most excellent. The firm has explained to us the method of manufacture, and it is well calculated to insure a permanent and valuable product.

GELATINE-COATED PILLS.

Some specimens of these pills, prepared by KEASBEY & MATTISON of this city, represent a high state of the pharmaceutical art. They resist the effects of moisture and temperature, are easy to swallow, and reliable in effect.

THYMOL CAPSULES: NITRO-GLYCERINE TABLETS.

We note these English preparations as desirable additions to pharmacy. Are they also made by American pharmacists? We do not know. The thymol is used in dyspepsia, gr.j in a capsule. The nitro-glycerine is valued in angina pectoris and sea sickness; one drop of a one per cent. solution in a chocolate tablet.

Sanitary Condition of Havana.

Dr. Chaillè, chairman of the Havana Commission, writes as follows, under date of July 18:—

As to the sanitary condition of Havana and of its harbor, it would be difficult to devise conditions more favorable to propagate disease. Built upon a thin layer of earth which covers extremely porous coral rocks, this foundation is deeply saturated with the excrements of many thousands of human beings and of animals, continuously deposited throughout a long series of years. Nothing can be worse or more offensive than the privy system of Havana. Associated with the evil hygienic conditions of the city, the harbor is, if possible, in even fouler condition.

This harbor, about one mile long, two-thirds of a mile wide, and some thirty feet deep in the deepest places, has a difference between its minimum low and its maximum high tide of less than two feet; and into this almost stagnant pond is daily poured the sewerage of the city, the offal of the slaughter houses, and the refuse from at least two large hospitals habitually infected with yellow fever and located on the very edge of the harbor. The fecal odor from this harbor is often distinctly perceptible.

Physicians in Foreign Countries.

American physicians who contemplate visiting Europe often desire to know under what regulations they can practice there. In France they will have to submit to an examination in the French language for "Officier de Santé," which is the lowest French medical qualification. In Belgium there is a similar examination demanded, after which the application to practice comes before a Board, which mostly refuses it. In Germany and Austria a foreigner may usually practice without hindrance, but he can take no legal standing as a physician unless he obtains a diploma from a German university. In Switzerland permission to practice can be obtained from the local officials, but it is revocable at their option. In Italy a diploma from a leading college will secure permission without difficulty. In Great Britain there are a number of licensing bodies from whom permits to practice can be obtained by submitting a diploma or passing an examination.

Animal Vaccination.

The use of animal virus is rapidly on the increase. A bill has been introduced into the British Parliament, with the object of procuring the vaccine lymph direct from calves. Under its provisions it will be compulsory on any public vaccinator, whenever the parents of a child shall demand to have it vaccinated with animal lymph, to have it so inoculated, and in case the demand be not complied with, no prosecution shall lie against the parents for refusing to have the operation performed otherwise.

Dr. Pissin, of Berlin, has published a report covering fourteen years of the progress of the "Institute for Animal Vaccination," in that city. It is full of valuable information on the subject. In the last four years the percentage of successes in primary vaccinations were 97 per cent.; in re-vaccinations 74 per cent.

A physician in Trier has lately had to pay a fine of 600 marks ($120.00) for inoculating a child with syphilis by means of a vaccine crust from another infant.

The Canal Boatmen.

We have learned since printing our editorial on pages 81, 82, that the sanitary supervision of canal boatmen does not come under the charge of the U. S. Marine Hospital Service, inasmuch as they pay no dues. It is a pity that they don't, as they would then be prevented from disseminating disease, as, from late English reports, it is very likely they now do.

Dr. Yandell on the Woman Question.

Dr. L. P. Yandell, in a letter from London to the Louisville *Medical News*, speaks thus on the woman question: and a good thing about the Dr. is that when he speaks he leaves no doubt as to what he means:—

"I have met two fine English women who have lately returned from their medical studies in France, and at an early day will take their degrees. I see no reason, barring human prejudice, why they should not succeed in the profession they have chosen. Having strong minds, rare educations, high professional acquirements, fine presence, and all the ambition and energy that could be desired, what hinders them? For my part, I am strongly inclined to allow—nay, I am in favor of allowing—the fillies an equal chance with the colts in the race for the medical cup and purse."

Personal.

—Dr. Brücke, Professor of Physiology, has been elected Rector Magnificus of the University of Vienna. He is the first Rector since the foundation of the University who has not been a Roman Catholic. He is a Protestant.

—Two young sons of Dr. A. H. Boyd, in Livingston county, Ky., being ill, their father determined to give them santonine, but through mistake gave them some poison. In half an hour they had spasms, and one died in half and the other in three-quarters of an hour. The santonine will be analyzed.

—The death is announced, of Mr. Charles F. Maunder, F.R.C.S., a distinguished London surgeon, at the early age of forty-seven. Overwork and financial losses led to an affection of the brain, and in an attack of aberration he committed suicide. He was author of an "Operative Surgery," a "Surgery of the Arteries," and other works.

—There is a movement on foot in the Georgia Legislature to procure the selection of the late Dr. Crawford W. Long, of Athens, as one of the two prominent men of the State whose statues are to be placed in the National Gallery of the Washington Capital. As the discoverer of anæsthesia, the Atlanta *Constitution* says that Georgia never produced a man whose labors entitle him to greater recognition or more enduring fame.

Items.

—The Select Committee of the House of Commons on the Coroner's (England) Bill has determined to recommend that in future medical men shall be disqualified from holding the office of coroner.

—A disease of the digestive system is ravaging Centre Point, Lynn county, Iowa. Fully twenty persons have died from its effects during the last thirteen days of July, and an equal number have been prostrated by it. It is also raging in Walker, a little town seven miles from Centre Point, several deaths have occurred there. By some it is said to be epidemic dysentery,

OBITUARY NOTICES.

—Dr. John Vincent Morgan, who died recently in Newburgh, was a young man of great promise. He studied in Berlin, Paris and Vienna, and practiced in New York.

—Killed by lightning, on the evening of July 16th, 1879, Dr. Lucian Melville Sykes, of Muldon, Mississippi. Dr. Sykes was a prominent physician in his county, a member of the Monroe County Medical Society and the Mississippi State Medical Association. The latter delegated him, last April, to the American Medical Association, at the meeting held in Atlanta, Ga.

—Of recent deaths among foreign medical men may be mentioned that of M. Faivre, Professor of Botany at the Faculty of Sciences, at Lyons; Dr. Jacquemier, an eminent obstetrician of Paris; Dr. Campbell, another Parisian obstetrician well known in the "American colony."

QUERIES AND REPLIES.

Dr. D. presents this case:—Dr. A. is a regular physician. Dr. Z., a homœopath. At the solicitation of Dr. Z. Dr. A. accompanied Dr. Z. to see a patient of his (Dr. Z's), and prescribed for said patient. Has not Dr. A. violated the code of Ethics?

ANS.—He certainly has. The following is an extract from the English *Code of Medical Ethics*, edited by Dr. Styrap:—

"For a legitimate or orthodox practitioner to meet a professor of homœopathy in consultation, is a dishonest and a degrading act—dishonest, because he lends his countenance to that which he knows to be a dangerous fallacy; and degrading, inasmuch as he has neither the manly professional honesty to resist the temptation of a possibly liberal fee, nor the moral courage to discountenance the capricious vagaries of a patient."

Talis. Propylamin, or more correctly trimethylamin, was fully tried in acute rheumatism as much as twenty-five years ago; but in spite of all that has been said in its favor, somehow it has gained no permanent foothold. The chloride sells at about $7.00 per oz.

Dr. I. K., of Ill. We have heard of dandelion root coffee being used, but that taraxacum in this shape has any "deobstruent" or other effect on the liver, we doubt.

Dr. Elmore. There is a biographical sketch of Dr. Benj. Church in Thacher's *Medical Biographies*. He was something of a poet and more of a Tory.

Azure. If anything further was wanted to show the folly of the "blue glass mania," it is given in the recent demonstration of Dr. Draper, that there are no "heat rays" or "chemical rays" in the spectrum, but that all the rays have equal calorific and chemical powers.

MARRIAGES.

BANNING—LOCKWOOD.—July 23, at Mount Vernon, N. Y., by the Rev. Stephen F. Holmes, Rector Trinity Church, Archibald T. Banning, M.D., and Jessie T., daughter of John A. Lockwood.

DEATHS.

HARRIS.—In Memphis, Tenn., July 20th, of yellow fever, Dr. J. C. Harris.

MORGAN.—In New York, on Friday, 25th ult., John V. Morgan, M.D., son of the late Geo. Morgan, of New Orleans.

THE

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Communications.

SOME SUGGESTIONS IN REFERENCE TO YELLOW FEVER.

BY GREENSVILLE DOWELL, M.D.,

Professor of Surgery in the Galveston Medical College. Author of "Yellow Fever and Malarial Diseases," etc.

[We have been furnished with a record of the recent observations of this experienced observer, from which we make the following extracts.—Ed. Reporter.]

* * * * * * * * *

The question is asked, when should yellow fever be declared epidemic in a town?

The rule in all epidemics is, when more deaths occur from one disease than from all others, in a given time.

But an exception to this rule might be made in yellow fever. And the answer I would give would be this: When there are two or more cases in two or more places, in any city or town, and a tendency to spread. I make this exception for the following reasons: That if persons wish to leave, they ought to leave before it spreads and infects them so they will carry it to other places. Again, to call special attention to these first cases, in order to completely isolate them and disinfect them, their rooms and clothing, that others may not take the disease. These first cases are usually called sporadic, and we are told sporadic cases never produce an epidemic. This is true! But we most positively assert there never was an epidemic without first starting in sporadic cases. Then, to prevent an epidemic, keep all cases isolated. Let no one go where they are but those who have had the disease, and let all houses be whitewashed with lime, clothes and other things washed in hot water. Send every one from the immediate neighborhood that has not been attacked. The Spanish doctors have a medicine which they give to all such, and others who are not sick, in an epidemic place: "Go quickly, go as far as you can, and come back late." Now, this is sound advice, and the only certain course for safety. I mean for those who have never had the disease, for I still assert no one ever has a real second attack, or if they do, it is only one case in two hundred. All the commissions sent out to investigate this subject, from Louis to the present time, and two-thirds of all authors that have written upon it, assert this to be a fact. So no one need to fear the disease who has had a genuine attack. But it will not do to take every doctor's diagnosis, for they often make mistakes; many of them make no distinction between yellow fever and periodic fevers, or believe yellow fever to be only an aggravated form of miasmatic (periodic) fever. There have been quite a number of such, and a few are still left, but their number is lessening every day.

Another question of great importance is, how to manage an epidemic?

First, all should leave who can. Go quick! do not fall over one another, but be calm; go as gentlemen, and not as sheep. Take as little with you as possible, for you may carry the disease with you. If you cannot go far, go to the nearest place that is high and dry and with plenty of water, and where your supplies can be sent you in an open space, and only brought by those who

have been known to have had the disease. Do not go back in the daytime or especially at night, for it is not safe either night or day. Let no one come and stay with you from the infected districts. Be quiet; it will not come to you if it is not brought. Live in tents, not in houses, and if brought you will not take it, even sleeping in the same bed; but this I would not recommend any one to try, if it be possible to avoid it. If these instructions are fully carried out, you may stay within one mile of an infected place without danger.

Those who cannot or will not go away should live soberly and temperately. Never commit any excesses in eating, drinking, or doing anything that will exhaust mind or body. If you have been a hard drinker, let up; never get drunk, by no means, or at any time. It would be well to close all saloons. Form a Howard Association, and give full power to them to manage everything. The Howards should first prevent all persons from coming into the infected place except citizens, whether nurses or doctors, or any other persons, for they cannot do much good, and often do great harm, by adding to the number to be treated and taken care of. All doctors, ministers and apothecaries of the place should remain; it is their duty and they should no more desert their post than a sentinel on duty.

Call for doctors, nurses, ministers and apothecaries that have had the disease, until you get as many as are required. Hold no public assemblies of any kind, for we have instances of great outbreaks and rapid spreading of the disorder from these causes.

Do not burn bedding or clothes in open places, for it is believed that this is a frequent cause of its rapid spreading, and besides, hot water is better than fire. Dr. Rush tells us that the fires built in the streets were generally believed to have made the disease worse, and the burning of bedding in the streets of Memphis, in 1878, was undoubtedly injurious, and most certainly did no good, but caused many to suffer for bedding and clothing when cold weather came. So we do not recommend clothing or bedding to be burned; at least, *never in the open air*. Lime freely sprinkled in the streets after a rain, in alleys and low places, has done much good in Galveston, Texas, but this ought to be repeated after each rain. Chloride of zinc solution should be freely used on floors, in chambers, and on streets. All vomitings and stools should be saturated with it, and removed from the room and buried or destroyed by hot water. Only one patient ought to be allowed in one room, large or small, and the bed put in the centre of the room, free from all draughts, but with plenty of fresh air. No one ought to be removed after he has once taken off his clothes, if he is at all comfortable. I am much opposed to hospitals for yellow fever patients, as I believe the cases are always worse where one has died; many patients make so much noise that they ought to be where one could not see or hear another. On the score of economy, hospitals are a great saving of expense, for a patient can be treated for one-quarter of what it will cost to treat him alone. Nurses and doctors ought not to talk about other cases in the presence of one sick with yellow fever. There should be no tolling of bells. Only doctors and nurses should be admitted to the room, unless friends are specially called for. Two nurses, one for night and one for day, ought to be provided. One of them should always be in the room, let the patient's situation be what it may, for they may get up or do something that will cause a fatal result in only a few minutes.

Medicine ought to be prepared in proper packages, according to well recognized prescriptions, so it could be given promptly.

CLINICAL STUDIES OF INEBRIETY—EARLY SYMPTOMS.

BY T. D. CROTHERS, M.D.,
Supt. of Walnut Hill, Hartford, Conn.

The curability of inebriety depends (as in other diseases) on its early recognition and treatment.

The common inquiry, how many can be cured, can never be satisfactorily answered until this disorder can be treated in the early stages.

Many physicians who have never studied these cases doubt an early pathological stage, and never recognize a disease element until inebriety has gone on for years, and then give great attention to the dividing lines between vice and disease, and seek in this way to measure out the treatment by the condition of responsibility which may be present. The absurdity of such views are apparent in the history of every case. A very able physician sent his son to our asylum for this disorder, with a long statement of the case, caused, as he supposed, by vicious company, and only pathological so far as alcohol had diseased the organism. He had made a study of the case, and was convinced it was the result of surroundings which, after a few weeks' residence in the asylum, would call for moral treatment almost exclusively.

From his mother and other sources the follow-

ing history was elicited: His grandfather on his mother's side was drunken. His grandmother and two aunts on his father's side were monomaniacs, and finally became demented. From two years old and upward he had exhibited a most impulsive, irregular appetite. On many occasions he had both eaten and drank to surfeit and great illness. He always ate exclusively of such foods as he liked, for days living on potatoes or bread alone, then changing to soups or liquids. He was very changeable, and never angry unless his desire for foods or drinks was opposed. He drank cider to intoxication several times, when in the country. As a student he was fitful and impulsive, at one time excelling in some particular study, then showing great indifference or stupidity. His greatest pleasure seemed to be in the table, and the odors of certain drugs and perfumes. At fourteen he became very licentious, and was sent away to a private school. At eighteen he drank beer every day, and associated with low characters. At twenty he was sent to the asylum, a chronic inebriate. He was much debilitated in both body and mind, and filled with low thoughts and impulses. His father dated all his troubles to the drinking of beer in bad company. No one had traced any hints, in his early history, of the approach of inebriety. He was born with a marked predisposition to this disorder, and sooner or later, under ordinary circumstances, it would have developed. All the early symptoms were marked, and had a pathological significance, as much so as the trembling and incoördination from alcohol.

There are probably no cases of inebriety inherited, or with a predisposition to this disorder, which do not give more or less prominent early symptoms, that may be noted. These symptoms vary, as in all other nervous and psychical disorders, and because they are rarely ever noted in the early stages, are doubted.

The two following cases have been studied carefully, and will be found to represent some of the many early symptoms of nearly every case of inebriety. When these early symptoms shall be practically recognized and acted upon we shall be able to prevent and successfully treat many of these most deplorable cases, which are at present not only incurable, but a pest and disgrace to every effort made in their behalf.

Case 1.—Inebriety Preceded by Conditions of Nerve Exhaustion and Morbid Impulses to Eat and Drink, and General Dietetic Irregularities.

B. Father a physician and confirmed opium eater; mother a nervous invalid; all his brothers and sisters died during childhood. When he was three years old he exhibited violent anger, and was prostrated with fever from the effects of the excitement. A strange, impulsive temper was manifest, which grew rapidly from this time, and was always provoked when refused any article of food or drink which he craved. He seemed different from other children, in having only one source of gratification, this was food and drink. On all other matters he was quite indifferent, but when opposed in the gratification of his appetites his anger was furious and maniacal. So severe were these paroxysms, that his friends studied to avoid them by indulging every desire. He always suffered from fever and great prostration for a day or more after a paroxysm of anger.

At ten years of age he was thin, tall, and very nervous, fond of all kind of sports, rarely angry, usually generous and of mild disposition in all things except at the table and when hungry, when he would exhibit the greatest selfishness and irritability. At this time he showed a great liking for burned food and bitter drinks; wormwood and horse radish, ginger, pepper, with other condiments, were great favorites. He would complain of great weakness and want to remain in bed, have some fever and drink large quantities of water, be reticent, and after a few hours recover his usual vigor. At such times prominent symptoms of acute diseases would come on and disappear in a few hours. In school his mind was active, but his memory was defective, and he seemed to lack power of coördination, and could not apply his mind when he wished, to any study or work.

At fifteen years of age he went to a boarding school, and was first noticed to drink beer. He exhibited great fondness for it and extreme cunning in procuring and secreting it from his playmates. His general health was better, and he was less often angry and prostrated after; but at times complained of headache and inability to sleep. Then he would be heavy and stupid for several days, dropping into sleep whenever alone and when the surroundings were quiet.

A year later he was converted, and became deeply religious, and began a course of study for a clergyman. Here the same uncertainty was manifest in the changing character of his studies, pursuing one branch for a time, then changing to another, without sufficient reason or cause.

The death of his father at this time prostrated him for many weeks with a low nervous fever, for which he was given wine, with good results.

He recovered with a conviction that he needed richer food, also that he never could expect long life unless he gave great attention to this matter.

At eighteen he gave up study and became a bookkeeper; he was heavy, stupid and dull in his manner and work, was also notional and irregular, some days working very hard, and then relaxing. He lived on the richest food that his means would allow, and drank beer, ice water, tea and coffee, in large quantities. He perspired very freely, and complained often of great exhaustion. He affirmed that he was unable to go on with his studies, owing to general weakness, which he hoped to overcome by rich, building-up food. During one of these paroxysms of nervous exhaustion he came under the care of a quack, who urged brandy as a medicine. The result was a rapid relief of all his old depression and stupor; he was a new man, filled with hope and ambition never felt before. After a time he drank to intoxication, and then he lost all ambition, and a change of habits, manners and disposition came over him, rapidly going from bad to worse, until at twenty-one he was brought to the asylum an inebriate. He was a constant drinker, suffering from hallucinations, muscular tremblings and general congestion. He recovered partially, went out, relapsed, and died from embolism, probably.

In this case two prominent symptoms pointed conclusively to inebriety, viz., the extreme impulses for food and drink, with ungoverned control, and prostration, which seemed to follow every excess and nerve agitation. In these paroxysms of nerve prostration alone are hints of an inebriate diathesis which will find in alcohol a relief, and use it ever after, under all conditions and circumstances. The early dietetic morbid impulses also indicated a want of balance and control of this function, which alcohol would sooner or later be found to relieve, as opium does pain, and while relieving it produces a pathological condition which ever after demands it.

Case 2.—Inebriety Manifest in Early Life by a Taste for Tea, Coffee, and Strange Kinds of Food and Drink, Associated with Emotional Irregular Brain and Nerve Power.

H. Father a speculator, and nervous, excitable man. Mother a nervous invalid for years, and died in his infancy. He was brought up by a rich aunt, who gratified his every whim. When five years old the family physician noted that he was very impulsive in his appetites, eating to surfeit, and suffering from severe attacks of indigestion, very often. He would secrete bottles of wine, and drink to stupor whenever he could. Unless he was guarded closely he would use only one kind of food and drink, until he grew sick of it. Nearly every month the physician would be called to prescribe for indigestion and general nervous fever, the result of overeating. Tea and coffee he drank at all times, and with great apparent satisfaction. He was always wanting to taste foods and fluids, and seemed to have a keen sense of the differences from taste. When visiting a drug store, he would delight the clerks by his great willingness to taste all kinds of fluids and solids. He grew up rapidly, and was very emotional and sensitive, rarely taking offence, but sympathizing with every one who was in trouble. He was very fond of excitement, and was depressed when alone, and frequently in tears when the day was stormy and he could not go out. He wanted to be in the centre of excitement and noise, and when sent to school cared more for play than books. As he grew older the attacks of indigestion became less frequent, but his appetite was more capricious, craving coarse foods and bitter, pungent condiments, and also was exceedingly changeable. As a student, he was likewise uncertain, full of changing emotions, and either very active or stupid, in both perception and memory. In his habits he was irregular, setting up all night to finish a novel, and depriving himself of many comforts, or making great exertions to procure certain articles of food or drink, or living in the most mechanical way, going to bed at a certain time, and getting up at a designated moment, performing every duty with precision, etc. At times he was buoyant and overflowing with joyous conceptions, then depressed and gloomy. All these irregularities grew more and more prominent as he developed into manhood. He was called eccentric by his intimate friends. At college he was noted for his poetic talents and love for rich dinners. He would live for weeks on the coarsest diet, then indulge in a round of the richest dinners, with wine and beer, not unfrequently becoming intoxicated. When twenty-one, he went to travel in Europe, and after two years returned an enthusiastic art student, and a drinker of wine. Two years later he drank to intoxication every day, and was brought to the asylum a paroxysmal inebriate. He would drink two or more glasses of brandy for weeks, then drink hard and to constant stupor for many days. He was feeble in both body and mind, and had but one desire, and that was to drink and get relief from what he claimed was a burning in his stomach. He recovered slowly at

the asylum, and is now back on a farm, temperate, but unfit to guide or take care of himself.

These cases were clearly of defective brain and nerve organization, from inheritance. The disorders of taste and will power were symptoms of this disorder, or distinct physiological hints of the growth of a diseased condition, which, with more or less certainty, would terminate in inebriety.

Alcohol at any time would explode this condition, giving form and shape to the diseased tendencies, increasing the degeneration, and developing a physical and psychical neurosis, which follows a regular line of march, to death.

These cases are typical, and include the symptoms of a large number that are going down regularly every year, unobserved. The profession generally do not recognize any symptoms before a condition of continuous intoxication, and this is called vice or accidental disorder, which may become disease.

Such views, so utterly at variance with the clinical facts, which may be verified in the observation of nearly every physician, are a source of infinite mischief, by precipitating thousands who would and should be recognized as having disease, and be restored, or, at least, be placed in conditions from which the possibility of recovery would be great.

In a recapitulation of some of the more prominent symptoms which mark this early stage of inebriety, the following may be mentioned:—

Impulsive and unregulated tastes for foods and drinks, morbid selfishness and changeableness of plans and purposes, great irritability and sensitiveness, emotional disturbances, conditions of depression and exhaustion, insomnia, and always neurasthenia; this, with a nervous temperament and weak will power, are present in nearly ever case long before they become inebriates. These symptoms are not always followed by inebriety, but they precede it, bringing the victim down to the border line, where, with the slightest exciting cause, he will become an inebriate at once. Persons with these conditions are continually haunted by the shadow which always forecasts the storm that may break at any moment.

—Dr. Chaillé, who is now on the Commission sent to Havana by the National Board of Health, has brought forward a number of facts to prove the great need of a competent medical officer in connection with the consular office at that port, authorized to telegraph promptly the departure of infected vessels, and to discharge other important duties.

A CASE OF ATROPHY OF THE OPTIC NERVES—RECOVERY.

BY J. A. LIPPINCOTT, M.D.,
Of Pittsburg, Pa.

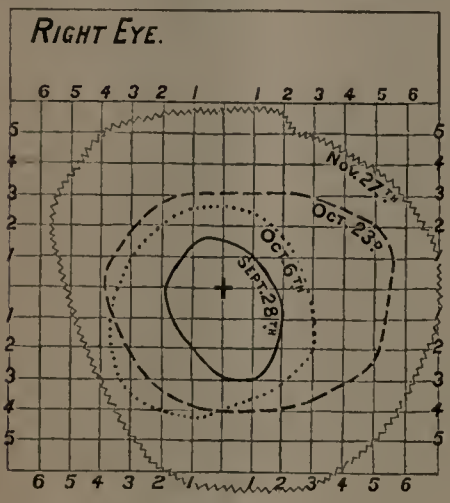
In ophthalmology, as in other departments of medicine, while diagnosis has in recent years made immense strides, therapeusis has not advanced correspondingly. Although a tyro in ophthalmology can distinguish well marked atrophy of the optic discs, and unfortunately finds abundant opportunities of exercising his diagnostic powers, very few cases of anything like complete recovery from this disease have been published; a fact which is in itself sufficient to justify the following report:—

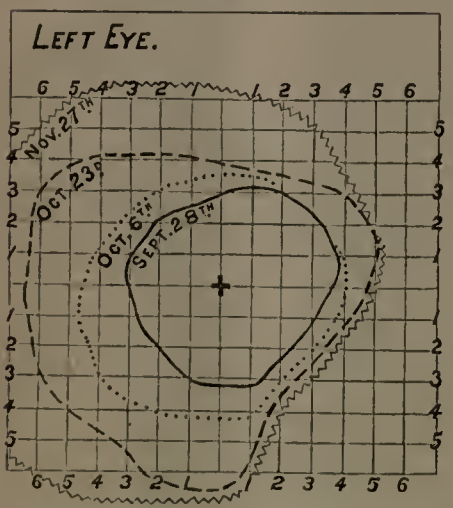
John Steinbach, aged 54 years, a policeman, of German birth, who had for many years been addicted to the moderate use of tobacco and the excessive use of whisky, was seized nine months before consulting me, with what, from his description and the statement of his physician, appears to have been an attack of *mania a potu*. On his recovery, vision for both near and distant objects was somewhat blurred, and there were slight photophobia and epiphora. Finding that he could see much better at night than in daylight, he was in time transferred to the night force; but his sight continued to fail unintermittingly, and he was finally discharged.

When he made his first appearance at my office, Sept. 28th, 1877, his appetite was good, bowels regular, the urine perfectly normal, and with the exception of slight nervous insomnia, his general health was in all respects excellent. The pupils were of average size, and responded promptly to the stimulus of light. On ophthalmoscopic examination the optic papilla on the right side was markedly atrophied. It was of a bluish, pearly color. The capillary circulation seemed almost absent. The retinal vessels were very small, and the white lines on the arteries were clearly visible. On the left side the disc presented a similar appearance, except that the vessels were smaller, mere threads, but the bluish cast was not so pronounced. There was no cloudiness of the fundus in either eye. The sight had progressively diminished, so that now R. E. V. $= \frac{1\frac{1}{2}}{LXX}$ $(= \frac{1}{40}$ of normal), L. E. V. $= \frac{3\frac{1}{4}}{LXX}$ $(= \frac{1}{20})$. The visual fields of both eyes were very much contracted, that of the right being the more limited, corresponding with the greater impairment of vision in that eye. The perception of colors was very imperfect.

The patient, besides being advised to drink no more whisky, was at once placed upon strychniæ sulphat., gr. $\frac{1}{32}$, t.d.; and in order to leave nothing

undone from which the slightest benefit might be hoped, a three-cell galvanic current was applied twice a week, for five minutes at a time, on each side, the anode being placed on the back of the neck, and the cathode over the eyeball and temporal region. This treatment was continued for two months, during which the acuity of vision was tested from time to time, and repeated examinations made of the extent of the visual fields.





These last were made with the utmost care, the patient's eye being always exactly twelve inches from the blackboard, and every precaution being taken to ensure absolute accuracy. In the accompanying diagrams each small square represents a square on the blackboard, whose sides measured three inches. Thus the visual field of the right eye, taken September 28th, 1877, measured about 12x15 inches, while that of the left measured about 18x20 inches.

As will be seen by the diagrams, the fields subsequently taken progressively enlarge, so that by November 27th the field of vision in each eye was almost of normal size. The visual acuity also gradually increased, although not exactly *pari passu*, as shown by the subjoined notes.

Oct. 6th, 1877. R. E. V. $= \frac{3\frac{1}{2}}{LXX}$. L. E. V. $= \frac{5}{LXX}$

Oct. 8th. R. E. V. $= \frac{3\frac{1}{2}}{LXX}$. L. E. V. $= \frac{6}{LXX}$

Oct. 23d. R. E. V. $= \frac{3\frac{1}{2}}{LXX}$. L. E. V. $= \frac{6}{LXX}$

Reads small words in No. 14 Jaeger with his glasses, which measure + 2.5 dioptrics. Visual fields to-day decidedly enlarged, although vision of left eye is but little, and that of right eye none, better than it was October 6th.

Nov. 10th. R. E. V. $= \frac{4\frac{1}{2}}{LXX}$. L. E. V. $= \frac{6\frac{1}{2}}{LXX}$

November 13th. Patient complains of cramps in the legs. To take but one dose daily of the strychnia.

Nov. 15th. R. E. V. $= \frac{7\frac{1}{2}}{LXX}$. L. E. V. $= \frac{7\frac{1}{2}}{LXX}$

Can now distinguish the numbers on the houses, previously invisible. He can also tell the time on his watch, and can recognize people at a distance of three or four steps, whereas two months ago he "would pass his own daughter close without knowing her." He also states that he can now gaze at the sun for three or four minutes without the sight being affected, while previously he was unable to look at it for a moment without experiencing total (temporary) blindness. Before beginning treatment he could not see one lighted street lamp from another. Now he can see all the lamps "for a mile." To take the medicine thrice daily.

Nov. 20th. R. E. V. $= \frac{8\frac{1}{2}}{LXX}$. L. E. V. = do. To increase the medicine to four doses daily.

Nov. 27th. R. E. V. $= \frac{8\frac{1}{2}}{LXX}$. L. E. V. = do.

The test letters are now recognized at the same distance by both eyes, but perception is rather more rapid in the right. Colors are distinguished moderately well. At this, as at previous periods, the ophthalmoscope revealed no decided change in the appearance of the optic papillæ. Patient was directed to take the strychnia at the rate of gr. $\frac{1}{10}$ daily for three weeks at a time, with intervals of one week, and to report at the end of two months.

Aug. 23d, 1878. The patient finding himself improving, did not return, as directed, but continued the medicine in the way above indicated for four or five months, when he discontinued it altogether, thinking himself well. At present his vision is $\frac{20}{XXI}$ in each eye, and he can read No.

2 of Jaeger with his glasses. The visual fields are of normal extent.

With the ophthalmoscope the retinal vessels are found to be somewhat larger than on his first appearance, though they are still far below the average size. The bluish tint of the discs is not so marked, and the capillary circulation seems reëstablished in places where at first no vessels could be seen.

June 29th. To-day, at my request, I received a visit from the patient, who presented the following condition :—

R. E. V. = $\frac{20}{xx}$; L. E. do. With his glasses he reads No. 1 of Jaeger slowly, and No. 2 without difficulty. Fields of vision normal. Color perception good. He states that he can see quite as well as he ever could. He has been for some months steadily employed, doing various kinds of work. He has taken during the past year—on his own prescription—three or four glasses of beer daily, and generally one of whisky in the morning, and he states that he feels perfectly well in every respect.

It is an interesting fact that the affection either began or became noticeable during an attack of mania a potu. It is altogether unlikely, however, that it would have been long delayed even if alcoholic delirium had not occurred at all. In this connection it may be remarked that the history of the case and the ophthalmoscopic examination indicated that the atrophy was probably pure or primary, and not consecutive to inflammatory swelling of the discs.

The irregular, jerky progress of the improvement in visual acuity will have been observed. Thus, in the first week both eyes, especially the right, improved markedly, whereas, in the following seventeen days the left improved somewhat, but the right not at all. In the next eighteen days the right made perceptible progress, but the left none. In the succeeding five days, during which toxic symptoms made their appearance, the improvement was decided, especially in the right, which was now almost equal to its fellow. In the following twelve days the right overtakes and slightly passes the left.

While the visual acuity improved *per saltum*, the visual fields steadily increased in area from the first. The only departure from this rule is in the field of the right eye for October 23d, which, as will be seen by glancing at the diagram, had contracted somewhat in its left lower portion, as compared with the field taken October 6th.

As to the remedy, strychnia undoubtedly offers more chances of success than any other agent, even in syphilitic cases, when active proliferative changes have long ceased. The beneficial effects of iodide of potassium, judging from my experience, will be conspicuous by their absence. It has been the custom with oculists to administer the strychnia by hypodermic injection in the temporal region. Though this is in all probability the best method, I considered it impracticable in the present instance, as the patient lived at a considerable distance, which latter fact also prevented me from prescribing the drug in increasing doses.

By reference to the notes made Nov. 13th and 15th it will be noticed that improvement was most rapid immediately after symptoms of strychnism manifested themselves. This has been observed before, notably in a case reported by Dr. G. C. Harlan, in the Philadelphia *Medical Times* for December 26, 1874.

It is improbable that galvanism is entitled to much, if any, of the credit, as the case progressed quite as favorably after its discontinuance as before, although I have seen cases in which it seemed to be of benefit.

In conclusion, it may be remarked that no importance was attributed to the influence of tobacco in bringing about the condition of the patient when he applied for relief; and he was, therefore, not advised to surrender what was to him a great solace. In point of fact, considering the complexity of the etiology of optic nerve atrophy, I am inclined to doubt, with Carter,* whether tobacco amaurosis is to be regarded as a condition proved beyond question. At any rate, the conclusion of Charles Martin,† who has attempted to draw a fine line of distinction between the symptoms of alcoholic and "nicotic" amblyopia, will scarcely be received without hesitation.

* Diseases of the Eye, Amer. ed., p. 376.
† Revue des Sciences Médicales, Oct. 1878, p. 663.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. E. E. MONTGOMERY.

Reported for the Medical and Surgical Reporter, by Joseph Martin, M.D., Interne.

Ovarian Tumor—Ovariotomy.

This woman comes before you with the following history :—

Mary W., aged 28 years, married, of irregular habits, entered this hospital April 23d, 1879.

She gives a family history of phthisis. She has never enjoyed good health. Began to menstruate at 12 years; was always regular, until four years ago. She has had three miscarriages; the first at five months.

Four years ago she noticed a swelling in the left inguinal region. This increased gradually, and during its growth her menses have occurred at irregular intervals. For the last two years she has had occasional retention of urine, necessitating the use of the catheter, and has always complained of morning sickness. She has suffered with pain in the back and lower portion of the abdomen, which has been frequently very severe; at one time it was so great as to cause her to attempt suicide, for which she was sent to the Insane department of this house. She is still very irritable, indulging in frequent quarrels with the other inmates of the ward, and at times requiring close watching to prevent self-destruction.

You will notice the prominent abdomen nearly symmetrically developed; the dark line from the umbilicus to the pubes; and that the breasts have darkened areolæ. These signs, with the history of morning sickness, would, I am sure, lead you to suspect this woman to be at the full term of pregnancy. Auscultating the abdomen, we find the fœtal sounds and placental soufflé absent. A digital examination shows no vaginal roof stretching across; the uterus is freely movable, and apparently not enlarged. To satisfy myself still farther, I introduce my finger into the rectum, and find I can isolate the uterus from the tumor, showing it not to be a normal pregnancy. The same examination excludes a fibroid or fibro-cystic tumor of the uterus. May it not, however, be an extra-uterine pregnancy? If so, we would be able, by introducing the finger into the rectum, beneath the tumor, to obtain the sensation of a solid body within, by ballottement.

Percussion over the abdomen shows a non-resonant tumor, and as I place one hand upon the abdomen and strike upon the opposite side, I can distinguish a distinct wave, by which I know the cavity contains fluid. You well know ascites would give this sign; but in ascites, as the patient lies upon her back, the intestines, filled with fluid, rise to the highest position, giving resonance upon percussion. This resonant zone changes with the change of position. Here, however, the central portion is dull, with resonance at either side, as if the intestines were pushed back.

A hydatid of the liver would grow from above downward, giving a border of resonance below.

A renal cyst would not be found so central; that it is not fatty, is shown by the presence of fluctuation. Having excluded these other forms we are quite certain we have to deal with an ovarian cyst. Projecting as it does to the left of the linea alba, with the history, makes it reasonable to suppose that it originated in the left ovary. You can see the freedom with which I move the abdominal walls over the tumor; that it moves up and down during respiration, and that I can greatly increase this motion by a little pressure, which leads me to conclude there are few if any adhesions. The clearness with which fluctuation can be felt from one side to the other indicates a single cyst.

Having satisfied ourselves that we have to deal with a single cyst of the left ovary, comparatively free from adhesions, what are we to do? That something should be done this woman's condition testifies; she has suffered from retention of urine at various times, until cystitis has arisen. The tumor is so great as largely to interfere with the functions of surrounding viscera, and our patient presents an expression of continual suffering.

The whole materia medica has been exhausted, without avail, in the treatment of these tumors. We can see how readily this would be true. We have here a sac lined with a secretory surface, but without power of absorption. The peritoneal cavity, on the contrary, has the power of keeping up the balance between secretion and absorption.

Paracentesis has been recommended and followed, with no permanent benefit; the sac again refills, and the patient is rapidly reduced by the great drain upon her vital forces. The operation is not free from danger, a large percentage of cases having died after first tapping. This is particularly true of multilocular cysts, where the contents are likely to be of an irritating character. The injection of iodine has been used, following paracentesis, but has become pretty well discontinued. I do not regard it justifiable, as we have a safer and surer method of dealing with these tumors, and where it fails to cure, it greatly increases the difficulty and danger in ultimate removal. The only justifiable plan of treatment in such a case is by ovariotomy, or the complete removal of the cyst. If the weather is favorable, I will at my next hour perform this operation before you.

May 21st. I come before you this morning for the purpose of performing an American operation; an operation that has immortalized the name of its originator, Ephraim McDowell; an operation that, when a published account was given, was universally decried by the civilized world, and by this city in particular. It was first performed in 1809, just seventy years ago, and the first account published ten years later. We now find it an established operation the world over, and this city has atoned for her former opposition by advancing a man who has done more than any other to give this operation an established place in surgery, and has performed it more frequently than any other American surgeon. I need hardly inform you that I refer to the late Dr. Washington L. Atlee. This operation has now become so popular that one operator alone has performed it over nine hundred times.

As to the proper time, all agree that it is better the patient should experience some inconvenience and suffering from the size of the tumor. This differs in individuals; one undergoing but little inconvenience from a very large tumor, while others, from pressure upon surrounding viscera, deranging the functions of the kidneys, alimentary canal, or bladder, or from mental anxiety in an easily excited individual, indicate the necessity for early interference.

In this patient, though the tumor is not excessively large, the pressure upon the bladder producing retention and subsequent cystitis, with her mental condition, are sufficient, in the opinion of myself and colleagues, to necessitate this operation. The result depends largely

upon the preparatory treatment. One great danger we have to fear is that of blood poisoning or septicæmia. This tendency we have endeavored to overcome by having the secretory functions in an active condition. The healthy action of the skin has been promoted by a nightly warm bath, the body thoroughly dried, rubbed with vaseline, and the patient covered up warm in bed. We have unloaded the alimentary canal by giving a dose of calomel, followed the next morning by castor oil, and finally, the day before the operation, by an injection, in the knee and elbow position, containing two drachms inspissated ox gall. In this way we have got rid of the scybalæ that have formed in the canal and been retained by the pressure of the tumor. It also empties the bowel of flatus, which would complicate the operation by the protrusion of the intestines, and is of so much annoyance after it. Her diet, while previously nourishing, has been for the last three days the milk porridge recommended by the late Dr. Peaslee. It consists of equal parts of milk and water, thickened with flour, boiled for an hour, and seasoned with salt. In this food we have but little waste and no foundation of flatus.

For the last three hours she has had no food excepting an injection of beef tea and whisky. We have endeavored to allay her nervous excitement by valerianate of ammonia, and to procure a sound sleep last night by a good dose of opium. I should have preferred a bright, clear day, but the postponement since last Saturday has had such an unpleasant mental effect, that I think it more judicious this morning to proceed with the operation. We have her dressed in flannel shirt and drawers, woolen stockings and ordinary night dress. The nurse has been directed to catheterize her just before she enters the room.

We will endeavor to carry out the antiseptic plan completely.

The object of the carbolic acid or thymol spray, as may be preferred, is to destroy any germinal material floating in the atmosphere, and thus prevent putrefactive change in the wound; even if we deny the germ theory of disease, there are none, I am sure, but will acknowledge that in this room, used as it has been during a number of years for clinical purposes, occupied as it is now by a large number of persons, the air must be largely impregnated with organic matter. This organic matter carbolic acid destroys, or so changes that its entrance into the wound is not attended with decomposition or fermentative changes. But do antiseptics produce this effect? Let results speak for themselves. Thomas, Emmet, Wells and Keith all agree that in this operation, without antiseptics, fever is the rule: with them, the exception. Atlee without saved 70 per cent.; Wells 78 per cent.; Keith 80 per cent. with them; Wells 90 per cent.; Keith 95 out of his last hundred, and in the last forty-one has not lost a single case.

With these results before us, if any one still doubts the efficacy of antiseptics, I can only say he would not believe though one were raised from the dead. The antiseptic plan implies the most scrupulous care and cleanliness. For this case I had this room sprinkled yesterday with a solution of carbolic acid (1 to 10). The room to which she will be conveyed after the operation is in the pavilion, and has been carefully cleansed, and a new mattress and bed clothes provided.

For the operation I have had prepared three solutions of the acid; 1st, in the proportion of 1 to 40, for the hands, dressings, and some linen cloths; this to be kept warm. 2d, 1 to 30, for the atomizer; and 3d, 1 to 20, for the instruments and sponges. The instruments have been placed in this solution for half an hour. The sponges were well freed of sand, washed in boiling water and soap, then in hot carbolic acid, placed in the sun for a few days, and finally placed in the present solution for the last three days. As an additional precaution, I have asked each of my assistants to follow my example in the careful use of the nail brush in washing his hands, and to anoint them with a solution of carbolic acid in olive oil, 1 to 10. To produce the spray, we have a modification of Lister's atomizer, which will keep up a spray for two hours. The dressings are, a protective, or piece of oiled silk, varnished upon one side, making it impervious to carbolic acid, antiseptic gauze, thin rubber cloth, antiseptic lint, and a flannel bandage.

Having the patient properly etherized, Dr. Montgomery, assisted by Drs. Walker, Warder, Hatfield, Bell, Heller and Martin, in the presence of two hundred students and physicians, proceeded to the operation. She was brought down to the end of the table, the feet hanging over upon a chair, the limbs tied together, and wrapped in a blanket, the abdomen bared, and a piece of oiled silk 3 by 4 feet, previously prepared by having an elliptical hole made in the centre, and the edge covered with emplastrum plumbi, was drawn down over it, leaving exposed only the part through which the incision was to be made, and completely protecting the clothing.

Beginning an inch and a half below the umbilicus, an incision three inches long was made, down to the aponeurosis, which was hooked up and divided upon a grooved director; no hemorrhage occurring, the peritoneum was divided in the same manner, to the extent of two inches, disclosing the pearly-tinted tumor. Upon exploring with the sound, and finding no adhesions, he enlarged the incision to five inches; the tumor was tapped with a Fitch trocar, and a gallon and a half of dark-colored fluid removed. The fluid drawn off, the sac was pulled out (no adhesions present), the clamp applied temporarily and the tumor removed.

When the intestines protruded they were covered and held back with some linen cloths wrung from the 1 to 40 solution, which had been kept warm.

The other ovary was now examined, and found to contain two small cysts, but it was thought best not to prejudice the result by its removal. The pedicle was secured by a carbolized silk ligature. A needle armed with a double thread was passed through the pedicle, the thread cut and each half tied separately, at first in a half knot, the clamp loosened, when, no bleeding occurring, the knots were completed,

the thread from one side carried around the whole pedicle and tied, the ends cut short, and the pedicle returned. All blood and oozing was now sponged out and the wound brought together by silver sutures, half an inch apart, introduced so as to include fully an inch of the peritoneal surface.

The wound closed, the dressing consisted of, 1st, the protective, or varnished oiled silk, two inches wide, the length of the wound, dipped in a 1 to 40 solution of carbolic acid; 2d, a single layer of antiseptic gauze, wet with the same solution; 3d, four layers of gauze, dry, covering the whole abdomen; 4th, a layer of thin rubber cloth, rubber side down; 5th, four layers of gauze; and finally the bandage.

The ether was suspended during the insertion of the last suture, and mustard plaster applied over the epigastrium, to prevent nausea. The patient was now carefully lifted upon a stretcher that had been kept heated, and carried to her room. The bed had been kept warm by placing along its centre some foot pans filled with hot water. These were lifted out, and the patient took their place. The operation, from the commencement of incision to the introduction of the last suture, occupied just thirty-two minutes, and was followed by no shock.

May 31st. I have the pleasure of again bringing this case before you, and will read the outline of convalescence, as prepared for me by the resident in charge, Dr. Martin. No shock followed the operation, but pulse and temperature kept good. Some nausea; vomiting prevented by application of mustard and sipping of hot water. Was very noisy and difficult to control, as she always has been after taking ether. She became so violent later in the day that it was all one person could do to keep her in bed, and I was obliged to give morphiæ sulph., gr. ss., hypodermically. The delirium still continuing, Dr. Montgomery ordered chloral hydrat., grs. xx, when she became quiet. She was given milk and lime water in small quantities at frequent intervals, and f. ℥ ij beef tea every four hours, by injection.

21st, 2 P.M. Temperature 98⅘°, pulse 84, respiration 28. 6 P.M. Temperature 100⅘°, pulse 100, respiration 22. Complained greatly of pain in the back, which was relieved by placing under it a pillow. Chloral was repeated at midnight, giving a very comfortable night.

22d, 10 A.M. Temperature 100°, pulse 120, respiration 24. Pain in the back much worse; would scream out at intervals of three or four minutes.

2 P.M. Temperature 101°, pulse 120, respiration 28. Tympanites marked; colicky pain over the abdomen. A soft rubber catheter was passed, per anum, allowing the flatus to pass and greatly increasing her comfort. Camphor, grs. v, chloroform, gtt. x, was given, in emulsion. The mental distress was so great toward evening as to oblige me to repeat the hypodermic.

6 P.M. Temperature 101⅘°, pulse 120, respiration 26. Skin and tongue dry; the latter with a brownish coat. Ordered—

℞. Morph. acetat., gr. j
Tr. digitalis, f. ℥ j
Spt. ether nit.,
Liq. ammon. acetat.,
Mist. potass. cit., āā f. ℥ ij. M.

Sig.—f. ℥ ss. every three hours.

Quiniæ sulph., grs. x, by injection. Complains of nausea after taking medicine or milk; relieved by the mustard. Chloral hydrat., grs. xxx, obtained a sound night's rest.

23d, 6 A.M. Temperature 101⅗°, pulse 120, respiration 24; feels much better; pain in back less severe; no tympanites. Fever mixture suspended, and tinct. digitalis, gtts. x, every three hours, substituted. Whisky, f. ℥ ss, added to each injection of beef tea. 6. P.M. Temperature 99⅕°, pulse 94, respiration 18. A small dose of chloral given, with good sleep.

24th, 6 A.M. Temperature 98⅗°, pulse 84, respiration 18. Feels well; tongue clean; skin moist; digitalis and whisky suspended. Menses appeared last night. Feels hungry. 6 P.M. Temperature 99⅕°, pulse 88, respiration 18.

25th, 6 A.M. Temperature 101°, pulse 120, respiration 28. Renewed digitalis; became quite violent in the afternoon; had to keep a constant watch to prevent her springing out of bed or disturbing the dressing. Gave chloral with elixir ammon. valer., producing sleep. 6 P.M. Temperature 100⅖°, pulse 92, respiration 20.

26th, 6 A.M. Temperature 98⅕°, pulse 86, respiration 18. Slept well and is in excellent spirits; talks rationally; digitalis suspended. 6 P.M. Temperature 99°, pulse 80, respiration 16.

27th, 6 A.M. Temperature 98⅕°, pulse 80, respiration 16. Had a quiet night without a hypnotic; condition good; allowed solid food. 6 P.M. Temperature 98°, pulse 88, respiration 18.

28th, 6 A.M. Temperature 99⅖°, pulse 84, respiration 16. More insane to-day than at any time since the operation; appetite, however, good; given chloral freely and morphia hypodermically. 6 P.M. Temperature 100⅕°, pulse 95.

29th, 6 A.M. Temperature 99⅕, pulse 84. Bowels moved by a free injection. 6 P.M. Temperature 99⅗°, pulse 84.

30th, morning. Temperature 98⅗°, pulse 84. Still noisy and violent. Evening. Temperature 100°, pulse 100. Gave quiniæ sulph., grs. x, by rectum.

31st. This morning temperature 99°, pulse 96. Feels quite comfortable.

This is the history of our patient's convalescence. It shows absence of shock, a moderate temperature record, and that the third, sixth and ninth days, which are usually regarded as critical, were passed over without an untoward symptom. It is with more than usual pleasure I bring her before you. This is the first successful ovariotomy ever performed in this hospital. Moreover, it is the first successful case performed in any public clinic in this city. I do not mention this with the desire you should impute the result to any superior skill displayed upon my part; for, in the cases to which I refer, the operation was performed by men of far greater skill and larger experience than myself. I do, however, believe, and wish to impress it forcibly upon your minds, that the result in this case was largely, if not altogether, due to the antiseptic precautions. I have been severely criticised for presuming to perform this operation before you.

and had I taken no greater precautions than in other cases operated upon in the clinics of this city I would feel that such criticism was well merited. The result in this case demonstrates, 1st, the possibility of performing this operation successfully in the presence of a large class, and within the precincts of a large hospital when proper precautions are observed. 2d. The value of the antiseptic plan, and when compared with previous cases, that its omission under such circumstances is unpardonable. In fact, my limited experience would cause me not to feel inclined toward its omission in any case, public or private. An auxiliary so efficient in hospital practice must necessarily tend to decrease the mortality in private cases, even though they be less exposed to septic influences.

June 23d, 1879. Her convalescence since last note has been continued and rapid; not an unpleasant symptom occurring to retard recovery. She is now able to go about the building and grounds; she feels better than she has for years, her only complaint being of a slight irritation about the bladder.

Editorial Department.

Periscope.

The Early Mercurial Treatment of Syphilis.

Dr. J. S. Hill, of Baltimore, writes to the Maryland *Medical Journal* (July)—

For several years past close observation upon the effect of small doses of protiod. hydrar., from the one-sixth to one-tenth of a grain, given two or three times a day, the diagnosis of syphilis having been established, has more and more inclined me to the conviction that if given when a true chancre is just beginning to show specific induration, it will almost surely put a stop to it. To see a chancre increase in hardness and size after its possessor has come slightly under the influence of mercury is one of the very rarest events.

If this treatment be perseveringly and intelligently followed up for months, or even a year or more, or so long as the natural history of syphilis would induce us to believe the secondary form of the disease should continue, then, as the time for the tertiary form approaches, discontinue the mercury and administer the iodide of potassium, in eight or ten grains three times daily, alternating the iodide of potassium with iodide of sodium, and continuing this course for seven or eight months, finally terminating the treatment by directing one-half ounce of cod-liver oil, and fifteen or twenty drops of syr. iodide of iron and manganese, given in combination after each meal, for three months; it will, when carried out with anything like an approach to regularity, not only throw disorder into the natural succession of the appearance of the eruptions and postpone their outbreak, but in a large majority of cases prevent them altogether, and in those cases where it fails to prevent them, invariably lighten their character and shorten their duration. One of the chief obstacles in the way of cure is the great difficulty we have in inducing a person who has no evidence of disease appreciable to himself, and who feels perfectly well, to persevere in so protracted a course, but this regularity having been secured, I have used this treatment each year more and more perseveringly, and have begun it as soon as the diagnosis could be considered certain. The result has been that, while formerly pursuing the expectant or repressive plan of treatment whenever the chancre was well indurated, I always expected constitutional symptoms in spite of treatment, I now regard their appearance with any degree of severity as quite exceptional. Each year of additional experience has made me more confident that this plan of treatment, if carefully and fully employed, is capable of procuring the complete extinction of the malady. The facts which we possess seem to warrant the opinion that it really destroys the virus; that it prevents its breeding in the blood, if that process has not already taken place, and if it has, cuts short its life in the tissues.

Treatment of Chronic Eczema, or Psoriasis of the Palm of the Hand.

On this subject Dr. Robert Liveing writes, in the *British Medical Journal*—

With regard to the treatment of chronic eczema rimosum of the palm, it is confessedly difficult. This arises from several different causes. 1. The position and mobility of the part affected is unfavorable to treatment; the hand is never at rest; the consequence is that, as fast as the skin heals it is rebroken by flexion and extension. This, of course, applies especially to the class of domestic servants and others who have to live by the use of their hands; for although they may be cured for a time, the cracked condition is very apt to return as soon as they resume their usual occupation. 2. The hands are the parts of the body most frequently washed, or perhaps kept constantly wet by particular occupations; this makes the cuticle brittle, and is very unfavorable to the cure of eczema rimosum. Barmen, for example, are particularly liable to this affection, favored, perhaps, by their mode of life, but excited by having their hands constantly wet with beer. The only way of dealing with them, after the eruption has been cured by rest and appropriate treatment, is to make them wear India-rubber gloves, which can now be obtained of any degree of thickness. I have permanently cured many obstinate cases in this way. 3. The most important element of difficulty is, however, the nature of the cuticle of the palm, which is very thick, and does not exfoliate readily; the consequence is that the eczema takes an unusual and abortive form;

the products of the inflammation do not escape, and the outer cuticle becomes thickened, brittle, dry and cracked. Instead of a free exit of fluid and rapid exfoliation, we have an almost horny condition to deal with; the principle of all successful treatment is to get rid of this (I am speaking only of the chronic form), and to promote a rapid removal of the hard, thickened, and imperfectly formed epidermis.

Acute or subacute eczema of the hand is best treated by the constant application of water dressing, lead lotions, or linimentum calcis, according to circumstances; the gist of the treatment being never to allow the dressing to get dry. Pretty free purging is generally indicated.

The ordinary chronic forms are well treated in the way Dr. Spender has pointed out, by the application of the lead ointment to which he refers. The compound lead ointment of the old London *Pharmacopœia*, made rather soft by the addition of oil, is also a good remedy; so, also, is Hebra's unguentum lithargyri; but in all cases the hand must be rested, covered, washed little, and the ointment constantly applied. It is well to bear in mind that the constant use of lead ointment stains the nails; this is not, however, of much importance.

I now come to those cases that are most obstinate: I mean where the cuticle is extremely hard, brittle, thick, and cracked across the natural flexures of the skin. In these extreme cases ointments produce no effect, and other means must be adopted to get rid of the outer cuticle, which entirely prevents any chance of cure. This is best done by the constant application, night and day, of a lotion of liquor potassæ (from two to four drachms of liquor potassæ to eight ounces of water is usually strong enough). The hand must be enveloped in rags kept constantly wet with the lotion, and covered with thin gutta percha, or something of the kind. This treatment must be continued until the cuticle is thoroughly white and macerated, when it will peel and rub off readily. The process may require to be repeated until the epidermis is reduced to its natural thickness and is thoroughly soft; the skin may then be treated with ointments and glycerine in the usual way.

Lastly, chronic eczema rimosum of the hand is one of the few forms of eczema in adults that is often benefited by the internal use of arsenic.

Poisoning from Carbolic Acid.

The *British Medical Journal* quotes Dr. Küster's recent study of this subject. The symptoms are classified in three different stages, according to the severity of the case. In the first stage, often the only symptom of poisoning is the change in the aspect of the urine. In the second stage, the digestion is impaired, the pupils move with difficulty, and the temperature is high. This last symptom is regarded by the author as being almost identical with the fever described by Volkmann under the name of aseptic fever. He explains chronic carbolic acid intoxication by supposing that large quantities of the drug, being repeatedly at short intervals introduced into the system, continually deprive the tissues of sulphuric acid by absorbing it, and thus impoverish them. The third and most severe stage of poisoning is characterized by the well known brain symptoms. Occasionally, muscular trembling and convulsions have also been observed in man, but only to a slight degree. The following conditions seem to predispose the system to carbolic acid intoxication: 1. Anæmia; 2. Septic and pyæmic fevers, and other weakening agents; 3. Infancy; 4. A peculiar individual idiosyncrasy; 5. The spot where the acid has been introduced into the organism. Husemann holds that it is most apt to produce poisoning when introduced into the circulation, less so, if given hypodermically, still less if given in the form of enemata, or rubbed into the skin, or applied to internal surfaces, and finally if inhaled. Sulphate of soda has often been recommended as an antidote to carbolic acid, but Dr. Küster has not found it to answer in severe cases. In order to avoid intoxication, he advises to wash out large cavities with an 8 per cent. solution of chloride of zinc, instead of carbolic acid. A 2 per cent. solution of the latter may, however, be used without danger for children and for operations in the abdominal cavity.

Salicylic Acid as an Anti-neuralgic.

Several cases of acute facial neuralgia and sciatica cured by salicylic acid, are reported by Dr. S. L. Abbot, in the Boston *Medical and Surgical Journal*, July, 1879. He adds:—

These cases seem to show that we have in salicylic acid and its compounds, as valuable a remedy in acute neuralgia as in acute rheumatism. Perhaps they indicate a closer affinity between these diseases than has been generally suspected. Two of the patients had had attacks of rheumatism. The cases, with the exception of the third case of sciatica, were all severe, and nothing could be more satisfactory than the very prompt and efficient relief which followed the exhibition of the remedy. In cases of a more chronic character my experience as yet does not justify me in expecting such complete relief by these remedies alone. A limited experience seems to show that such patients do not tolerate them so well, perhaps on account of the debility which is so marked a feature in these cases.

Rules for Operating on Epithelioma of the Cervix Uteri.

Dr. Marion Sims, in an article in the *American Journal of Obstetrics*, July, lays down the following rules:—

1. Do not amputate or slice off an epithelioma of the cervix uteri on a level with the vagina, whether by the écraseur or the electro-cautery.

2. Exsect the whole of the diseased tissue, even up to the os internum, if necessary.

3. Arrest the bleeding, when necessary, with a tampon of styptic iron or alum cotton-wool.

4. Be careful not to apply the tampon with such force as to lacerate the excavated cervix uteri.

5. When the styptic tampon is removed, cauterize the granulating cavity from which the disease was exsected with chloride of zinc, bromine,

sulphate of zinc, or some other manageable caustic capable of producing a slough.

6. After the removal of the caustic and the slough it produces, use carbolized warm-water vaginal douches daily till cicatrization is complete.

7. After the cure, put the patient on the use of arsenic, as a protection against the cancerous diathesis, and urge the importance of examination every two or three months, for the purpose of detecting the recurrence of disease.

8. Then, if fungous granulations or knobby protuberances not larger than a pea are found, lose no time in removing them; and treat the case afterward with caustic, just as in the first instance.

9. Almost every case may be benefited by operation, even when there is no hope of giving entire relief.

The Causation of Sleep.

The learned German alienist, Dr. Siemens, concludes that sleep is due to the activity of certain circumscribed parts of the brain, which form an inhibitory centre, and which are situated in the medulla oblongata, near to the convulsive centre. In support of this view, the connection between sleep and epilepsy is alleged. The inhibitory sleep centre stands in direct antagonism to the cerebral cortex: if the one is in a state of activity the other remains passive; the former can only exercise its function when the cortical substance is either inactive or nearly so. Sleep is much more easily induced in childhood, as the convolutions of the brain are at that time only partially developed. Sleep is also much more frequent and continuous when the cortical substance has degenerated, as in paralytic dementia; when its nutrition is faulty, as in anæmic conditions; also when it is to some extent paralyzed by the action of hypnotics or by excessive cold. On the other hand, no sleep can be obtained when the cortex is in a state of activity, due to strong psychic impressions, excesses, alcoholism, or any form of mental disease. When, owing to some morbid condition, sleep has been absent for a length of time, the products of fatigue must have been generated in the body in large quantities, but still the hyperactivity of the cortical substance prevails and prevents the occurrence of sleep.

Inhalation of Eucalyptus Oil

Dr. Mosler, of Greifswald, in the *Berliner Klin. Wochenschrift*, No. 21, strongly recommends oil of the leaves of eucalyptus, administered by inhalation, as a remedy for pharyngeal diphtheria. The strongest dose which he has given was according to the following formula: oil of eucalyptus leaves, 5 *grams;* rectified spirit, 75 *grams:* distilled water, 170 *grams;* to be shaken together and used for ten inhalations. In this dose the medicine was inhaled four times daily, for ten or fifteen minutes each time, by a patient suffering from bronchitis and chronic laryngitis; it produced no troublesome effect, but acted as a powerful expectorant. Another formula employed by him was: oil of eucalyptus leaves, 2 *grams;* rectified spirit, 20 *grams;* distilled water, 180 *grams;* for ten inhalations. This was given with the best effect in a case of croupous pneumonia in the stage of defervescence, with residual infiltration of the right upper and middle lobes. It was inhaled four times, without any bad effect. A still weaker preparation (1:5 of eucalyptus oil, 15 of spirit of wine, and 200 of water) has been used by him in several cases of nasal and pharyngeal catarrh, and also in a case of pharyngitis accompanied by slight laryngitis, with good effect. Dr. Mosler is engaged in further researches on the action of inhalation of eucalyptus oil in affections of the respiratory organs.

The "Bilious Fever" of the South.

Dr. J. H. Miller, of South Carolina, writes to the Louisville *Medical News*—

From a close observation of the aggravated cases, I can attribute this disease to no other cause but the diet. On the plantations where I found the fever most frequent and of the worst type the laborers lived entirely, from the first of September to the first of November, upon home-made molasses. Now a few words upon the making of this food. The cane from which the juice is extracted is sometimes not permitted to ripen; the farmers, commencing on the crop so as to get through by frost, in many cases commence preparing it green. Then in the boiling process it is not prolonged sufficiently to cook the syrup thoroughly. I, therefore, consider the molasses made by the process enough to create this fever, or, at least, it will produce the excitant cause; and furthermore, the complications which generally arise from this diet tend to foreshadow a grave prognosis. Worms are bred in the system to an alarming extent, oftentimes in such amount as to cause total obstruction of the alimentary canal.

I will not burden this article with individual reports and different treatments, but only state that I wish every physician who practices in the country where these surroundings are to notice the cases and see if I am not right.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a reprint on Tuberculous Laryngitis, Dr. E. F. Ingalls, of Chicago, seems to think that such cases are not entirely hopeless as they occur in children. He gives a number of sound suggestions, which may all be summed up in the rubrics of the best of nourishment and hygienic precautions.

——A little book in 32mo, entitled, "Pocket Therapeutics and Dose Book," by Morse Stewart, Jr., M.D.; has been sent us by the publisher, Geo. D. Stewart, Detroit. It contains a poso-

logical table, incompatibles, formulæ, etc., and an Index of Diseases and Remedies, which latter we cannot believe would be of any value to any one legitimately holding a diploma. Price $1.00.

——Messrs. McKesson & Robbins' "Formula Book of Gelatine-coated Pills and Granules, Fluid Extracts," etc. (fifth edition), will be found handy and valuable to those who prescribe the excellent preparations of this manufacturing firm. Supplied gratis by the firm, New York City.

——An appreciative notice of Dr. Isaac Hays, by Samuel D. Gross, M.D., LL.D., has been reprinted from the *American Journal*, making a neat pamphlet of fourteen pages. Another and shorter notice of the life of the same eminent physician, by Dr. D. G. Brinton, has been reprinted from the Proceedings of the American Philosophical Society.

——The Chicago List of the Illinois State Register for 1879–80 has been received. It is published annually, under the supervision of the Chicago Medico-historical Society, with the coöperation of the Illinois State Medical Society. The editor is Dr. D. W. Graham. None but regular graduates in good standing are admitted to the list, and it is prefaced with a notice that violations of the Code of Ethics will lead to the omission of the perpetrator's name from future lists.

——The "Transactions of the State Medical Society of Arkansas, at its Fourth Annual Session" (Little Rock, 1879), makes a pamphlet of about one hundred pages. Besides the usual proceedings, it contains some interesting facts about yellow fever in Arkansas, by Dr. Linthicum; a "Study of the Etiology of Pneumonia," by Dr. J. S. Shibley; "Reports of Surgical Operations," by Dr. J. A. Dibbrell; "Remarks on Preventive Medicine," by Dr. E. Bentley; "Report of a Case of Resection," by Dr. R. G. Jennings; one of "Strangulated Hernia, with a Radical Cure," by Dr. E. T. Dale; and several obituary notices.

——An "Address on the Education of Girls," by Dr. Nathan Allen, of Lowell, Mass., urges the importance of more attention to the physical culture of the young female. He states that there are "unmistakable signs of physical degeneracy" in the girls of the present day. He says:—

"The registration and census reports are bringing to light startling facts in respect to decline in the birth rate, to the diminution of the ages, to the permanence of the family in by sur ion and changes in the population, etc. being ld the same causes continue and increase, as into t they may, corresponding results will follow, and the next generation will witness in those matters still greater changes."

We have very little faith in the existence of any such degeneracy, and believe that its supposed evidence can be given a quite different interpretation; but at the same time, every one will agree that the physical culture of girls is a desirable and excellent thing.

BOOK NOTICES.

The Half-yearly Compendium of Medical Science. Edited by D. G. Brinton, M.D., 115 S. Seventh St., Philadelphia. Part XXIV, July, 1879.

A letter before us, from a Boston physician of eminence, reads: "I have the HALF-YEARLY COMPENDIUM from the first number, and there is more *cream* in it than in any other medical publication I know of. It is valuable because it instructs in the *little things* which the physician has to encounter in his daily labors." Such, indeed, has been the object of the various collaborators employed in the selections and translations which the volumes contain. Its range is as wide as medical literature; the present number, for instance, draws from not less than 77 medical periodicals, all issued within the first six months of this present year. Over *two hundred* different authors are quoted, and the abstracts are aimed to convey the pith and marrow of what they have written.

To readers of the REPORTER it is of interest to state that, by means of a carefully organized plan of working up the field of periodical literature, the contents of the COMPENDIUM are always different from those of the REPORTER; nothing appears in the one which is found in the other; and thus they are particularly adapted to be taken together.

The present number contains the Index of the Second Series, embracing the last twelve semi-annual volumes, each department being indexed by itself, so that the numbers can be taken apart and the departments bound into separate volumes.

Manual of the Principles and Practice of Operative Surgery. By Stephen Smith, A.M., M.D. Boston, Houghton, Osgood & Co., 1879. Cloth, 8vo, pp. 689.

This long announced book makes an extremely compact and complete volume. The type is small but clear, the matter well disposed and presented, and the text illustrated by 733 wood engravings, usually of small size, many of them

original. So many of the treatises on operative surgery have grown into bulky, dear and unwieldy tomes, that a manual, as this really is, will be welcomed warmly.

Of the manner in which the various subjects are treated little but praise can be said. In the earlier chapters the duties of the surgeon are discussed, and directions given how to examine and prepare the patients, manage hemorrhage, give anæsthetics, dress wounds, and watch the process of repair. In anæsthesia both chloroform and ether are recommended. Shock is spoken of as syncope and collapse; in both alcoholic stimulants are commended; nothing is said of coffee, belladonna or vinegar, and no distinction is drawn between primary and secondary shock. Under dressings, the antiseptic, the open and the hot water treatment are described, but nothing said about alcoholic dressings, Hewson's dry earth dressings, or Gamgee's plain dry dressings. Under plastic apparatus, starch, gypsum and silica splints are described, but Ahl's porous felt is omitted. The treatment of tetanus is given very superficially, the author saying that "nothing seems to check its progress or control its career." In the management of caries, Syme's excellent suggestion of blistering is not noticed; indeed, that most instructive author is very rarely quoted. In the details of operations, Dr. Smith is full, clear and accurate; and this portion of his work will be found to be the most satisfactory. His selection of operations is based on clinical experience, and will, we believe, be acknowledged by most surgeons to be judicious. Considering that the scope of his plan has enforced many omissions, his book will certainly have, and deserves, a favorable reception.

The Advantages and Accidents of Artificial Anæsthesia: a Manual of Anæsthetic Agents, and their Employment in the Treatment of Disease. By Laurence Turnbull, M.D., PH.G., etc. Second edition, revised and enlarged. With twenty-seven illustrations. Philadelphia, Lindsay & Blakiston, 1879.

Dr. Turnbull's Manual has met with a reception gratifying to him and merited by the care and labor he has bestowed upon it. The second edition comes out with a number of additions, which will make it more acceptable to readers. Of these we may mention various original experiments, especially with hydrobromic ether; additional rules for the employment of anæsthetics; a table of deaths from chloroform; description of a novel ether inhaler; a notice of the metric system; further information concerning the physiological and therapeutic action of anæsthetics in disease, etc. The supposed criminal uses of chloroform are discussed in the light of the most careful investigation, and shown to be greatly exaggerated in the popular mind. The various anæsthetics which have recently been studied by Dr. B. W. Richardson are described, and the investigations of the Committee of the British Medical Association are stated.

The manufacture of the book, the paper and printing, are not quite up to the average standard of Philadelphia publications, but the reader will excuse this, in view of the merit of the contents.

A Manual of Midwifery for Midwives and Medical Students. By Fancourt Barnes, M.D., London, etc. Philadelphia, H. C. Lea, 1879. 8vo, pp. 201.

Dr. Fancourt Barnes is the son of Dr. Robert Barnes, and has inherited his father's interest in obstetrics. The present volume, he tells us in his preface, "was designed more especially as one of reference for midwives," and therefore it does not discuss any of the obstetric operations, such as the application of the forceps, the vectis, craniotomy, version, etc. It concerns itself with pregnancy, the stages and mechanism of labor, presentation and position, hemorrhage, puerperal insanity and convulsions, etc. A series of examination questions proposed by the Obstetrical Society of London are added.

We hardly think this work was worth republishing in this country. It contains nothing not to be found in any of a dozen standard treatises; and omits so much, that medical students and practitioners will certainly be disappointed in buying it.

A Clinical Treatise on Diseases of the Nervous System. By M. Rosenthal. With a preface by Prof. Charcot. Translated by L. Putzel, M.D. N. Y., Wm. Wood & Co., 1879.

This is a volume of Wood's Library of Standard Medical Authors. Dr. Rosenthal teaches in diseases of the nervous system in Vienna, and his treatise, published about ten years ago, has been highly esteemed in Europe. More can be said in favor of his pathology and diagnosis than of his treatment. Little is said of the late additions to the therapeutics of such diseases, but much in favor of the hydropathic plan and electricity. The preface, by Prof. Charcot, was written for a French translation; in it he speaks well of the work, in spite of its German (although Austrian) parentage.

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NATURE OF THE YELLOW FEVER POISON.

It is a candid and proper confession to make to the public, that the profession, up to the present time, has been unable to agree upon the nature of the yellow fever poison. Looking over the numerous articles which have appeared on the subject within the last year, one cannot but regret to see how discrepant are the views entertained by men of large experience.

There is, first, the party who declare it malarial, among whom we may mention Dr. J. C. Le HARDY, of Savannah, and Dr. J. G. WESTMORELAND, of Atlanta. Ga. These claim that the fever is indigenous, that it belongs exclusively to malarial countries, and cannot be introduced where malaria does not exist.

Secondly, there are those who reject malaria, as well as contagion, and maintain that the yellow fever arises from the effluvium of crowd poison and putrefactive changes, and that it is closely akin to typhus, and has nothing to do with malarial fevers. Thus, Dr. J. B. C. GAZZO ("Yellow Fever Facts," 1878) asserts he has seen it arise in ships from healthy ports, in persons who had been in no way exposed; yes, even in midwinter, in Montreal, Canada!

Thirdly, the majority incline to the belief that it is a specific and peculiar contagion, quite distinct from both typhus and malarial poison, though becoming more malignant in an atmosphere impregnated with either of these septic influences. This poison can be conveyed by fomites, and has certain peculiar, perceptible characteristics.

To this third view we strongly incline, as it seems the only one capable of explaining many facts connected with the epidemic.

It is stated that the disease first broke out in Memphis, this year, from the use of clothing which had been saturated with the poison of the epidemic of 1878. This would be denied by the malarialists. Thus, Dr. WESTMORELAND says ("Yellow Fever, its Origin," etc., page 13):—

"During the epidemic of last year a very malignant case, contracted in Memphis, arrived in Atlanta a few hours after the attack, bringing a package of clothing which was opened in presence of the nurses and physicians, all of whom, four in number, were in almost constant attendance in the room where the clothes were opened, and where the patient remained till his death. The result of this, as in similar instances, repeatedly before, proved the impossibility of communicating the disease by personal contact, or fomites from clothing."

Now, let it be remembered that such merely negative evidence is of very little weight; and then, if the statement in the last sentence is correct, how can the following true record be explained, which we quote from Dr. THOMAS F. ROCHESTER'S "Address on Epidemiology," at Atlanta, in May:—

"In September, 1856, an infected ship from Cuba was detained at the quarantine anchorage off Staten Island, New York. Several passengers had died, and some were ill on board. The garments and bedding were thrown overboard. Bay Ridge, a delightful suburban neighbor of Brooklyn, the seat of choice country residences, lies directly across the bay, distant about one mile from the anchorage mentioned. The wind and tide deposited a number of the garments that had been thrown away on the beach which terminated the lawn of Col. Charles Prince, an old and respected resident. In taking his usual morning walk he discovered the clothing and examined it with his cane, not otherwise handling it. He had no suspicion that it came from quarantine, and never saw it again.

In four days he was taken ill, and died in a week, from yellow fever. The man who nursed him, and who had previously had yellow fever, took away with him the suit of clothes the Colonel was wearing, contracted therefrom the disease, and died. The son and daughter, adults, the Colonel's only children, were also attacked; the son died, and this was the commencement of an epidemic which destroyed many lives in a limited area, but which was stopped by enforced isolation and by destruction of bedding and garments. The clothing which produced all this evil had been saturated with salt water, and had been tossed by the waves for more then twenty-four hours before it made its fatal landing."

A fact which has not been sufficiently studied is the *perceptible* character of the yellow fever poison. The *odor* which patients throw off in this disease is said to be as marked as in small-pox. Even the effluvium which is given off by infected fomites is distinctly noticeable, and has an immediate and powerful effect on the system. This remarkable fact was observed in this city in the last century, and we have found it vividly described by CHARLES BROCKDEN BROWN, who, a resident of Philadelphia at the time, describes the awful scenes during the yellow fever epidemic of 1793, in his powerful but little known novel, *Arthur Mervyn*, published in 1799. We quote from that work the graphic description that the hero gives of his entrance into an infected house in Fourth street. He had just come from the country, and had never before been exposed to the poison:—

"I mounted the stair. As I approached the door of which I was in search, a vapor, infectious and deadly, assailed my senses. It resembled nothing of which I had ever before been sensible. Many odors had been met with, even since my arrival in the city, less supportable than this. I seemed not so much to smell as to taste the element that now encompassed me. I felt as if I had inhaled a poisonous and subtle fluid, whose power instantly bereft my stomach of all vigor. Some fatal influence appeared to seize upon my vitals; and the work of corrosion and decomposition to be busily begun. * * * The pang with which I was at first seized, and the momentary inclination to vomit which it produced, presently subsided. My wholesome feelings, indeed, did not revisit me, but strength to proceed was restored to me."

How accurate and life-like this description is we never appreciated until we read a strikingly similar history in the St. Louis *Medical and Surgical Journal*, in some remarks on yellow fever, by Dr. REUBEN A. VANCE, of Ohio. Dr. VANCE, last summer, had in charge the infected steamer "John Porter," which disseminated the seeds of the disease near Gallipolis, Ohio. On the bed of one of the cases was a fine white spread, which had become somewhat stained with blood. Dr. VANCE continues:—

"When the bedding was destroyed, this spread was laid aside, removed to an adjacent house, and a woman of the neighborhood employed to wash it, some excuse being made for its condition. This woman, utterly without knowledge of the antecedents of the article she was engaged to cleanse, took a tea-kettle full of hot water and started to pour its contents over the spread, which had been thrown into a tub, but had neither been soaked in hot water nor disinfected. When the fumes arose and enveloped her, she suddenly stopped and sat down. Shortly after she made the remark that she was sick at her stomach; that her breakfast had disagreed with her. Within a week afterward this woman took the fever and died, and her name figures in the death-roll of those who had been on the Porter."

With such striking instances before us, we cannot but regret that any prominent physician should continue to defend the untenable and dangerous theories that the disease is either essentially malarious, of a typhus character, or indigenous to any part of this country.

NOTES AND COMMENTS.

Therapeutical Notes.

MODIFIED DOVER'S POWDER.

Dr. Tully's popular modification of Dover's powder is, according to Mr. Wood, of New Haven, prepared as follows:—

℞. Morphiæ sulphatis, 1 part
Pulveris camphoræ,
Cretæ precipitatæ,
Pulveris glycyrrhizæ, of each, 20 parts. M.

This is the original formula of Dr. Tully.

According to the same authority, the "Camphorated Dover's Powder" of Dr. Eli Ives is as follows:—

℞. Potassæ bitartratis, 8 parts
Pulveris camphoræ, 2 parts
Pulveris ipecacuanhæ,
Pulveris opii., of each, 1 part. M.

CARDIAC DYSPNŒA.

Prof. Sée, of Paris, advocates the use of iodide of potassium in cases of continuous cardiac dyspnœa, either alone or combined with opium, digitalis or chloral, beginning with doses of 1½ gram, and rising gradually to 2 or 3 grams, to be continued for some time. Opium is added, in doses of from 10 to 15 centigrams, in order to

counteract the effects of iodine; and chloral is useful in cases where digitalis is not tolerated. The prescription would then be as follows:—

R.	Gum julep,	120 grams
	Iodide of potassium,	2 "
	Hydrate of chloral,	4 "

Sig.—To be taken in quantity as required. every two hours during the day.

ENURESIS IN CHILDREN.

Some recent British writers state that after numerous failures with all orthodox modes of treatment, it was found that cutting off meat in the diet was sufficient, in many cases, to effect a rapid and permanent cure.

BENZOATE OF SODA IN DIPHTHERIA.

Prof. Klebs, of Berlin, recommends this treatment. He prescribes—

R.	Sodii benzoatis,	5 grams
	Aquæ destil.,	
	Aquæ menth. pip.,	āā 40 "
	Syrupi cort. aurant.,	10 " M.

Infants under one year are given a dessert-spoonful every hour. Children from one to three years old must take a larger dose, viz., a tablespoonful every hour, the proportion of the benzoate of soda being also increased from 5 to 7 or 8 grams. To patients from three to seven years old, 8 to 10 grams are given; those over seven, from 10 to 15 grams. Adults should take from 15 to 25 grams in the same solution, the proportion of the solvents and the syrup remaining the same. The diphtheritic membranes were powdered with benzoate of soda, in severe cases once in three hours, in lighter cases from two to three times daily.

MUSK IN INFANTILE COLLAPSE.

In conditions of great debility and collapse in infants, Dr. A. Jacobi, of New York, recommends *musk* as the most efficient remedy known to him. Five to ten grains should be given at once, and repeated every half hour or hour. Two or three doses will be enough. It must be remembered that musk is frequently spurious or adulterated.

INFANTILE INTERTRIGO.

In fresh cases of this complaint, Dr. A. Werthheimer, of Berlin, praises Hebra's ung. diachylon, while for more severe cases he always uses corrosive sublimate, which he finds always successful in the shortest time. He applies on cloths a solution of one grain to four ounces of water, applying fresh cloths three or four times a day, and letting them remain on for about an hour each time, or even keeping them continuously applied. He has never seen any evil effects from absorption of the sublimate.

Subcutaneous Injection of Ergot in Neuralgia.

Dr. Marino, of Palermo, quoted in the London *Medical Record*, publishes the results of his experiments with ergot. 1. In tic douloureux local injections of ergot give better results than any other remedies, quinine included. 2. The results are equally as good in hemicrania. 3. In some cases of sciatica very good results have been obtained, while in other cases no relief has been afforded to the patient. 4. Ergot should be administered in other cases of neuralgia, especially if the latter is caused by blood poisoning or cachexia. 5. The injection itself is often painful, but abscesses do not often supervene. The pain generally ceases in half an hour, especially if a cold compress has been immediately applied to the place. 6. The neuralgic symptoms, as a rule, disappear after one or two injections; but it is advisable to continue them for some time. 7. The dose for one injection varies from 15 centigrams to 2 decigrams of ergot, dissolved in water or glycerine.

The Inhalation of Oxygen in Anæmia.

Everybody knows how difficult it is sometimes to get some much enfeebled chlorotic patients to take reparatory aliments, so great is their disgust for all azotized aliment, vomiting often ensuing when they attempt to eat meat. Some women live upon a little bread and salad, and the quantity of urea they eliminate is then very small, sometimes as little as from four to six grams in the twenty-four hours. In such women treatment becomes very difficult, it being nearly impossible to reproduce appetite in them. In these cases Dr. Hayem, of the St. Antoine Hospital, Paris, employs a means which has furnished most excellent results, and which consists in the daily inhalation of oxygen. The appetite soon returns, the vomiting disappearing at the same time; and so well do the patients then support azotized aliments, that the four regular "portions" of the hospital diet scale become insufficient.

Shock as Curative in Epilepsy.

It is not unknown that a sudden and violent shock will sometimes check an epileptic fit. An instance was reported some years ago in this journal (volume xx, page 145), by Dr. J. C. Pearson, in which a confirmed case was cured by an extensive accidental burn. Possibly the counter irritation also had something to do with it. The actual cautery and the seton are very valuable, and occasionally sufficient aids to the restoration of some patients.

Herpes Labialis in Pneumonia.

A correspondent in Paris writes that at a recent clinical lecture Prof. Sée made some remarks on the significance of herpes labialis in cases of pneumonia. This eruption, he stated, generally appears from the third to the fifth day of the pulmonary affection. It cannot be considered a critical eruption, as the lung symptoms continue, and the fever, on the contrary, is increased, the latter subsiding with the cure of the pneumonia, which takes place on the seventh or eighth day. In the latter case the urine, which during the course of the disease contained large quantities of urea, now becomes "jumenteuse" (resembling the urine of the mare); that is, it contains uric acid, indicating the decline of the disease. Even this latter phenomenon he does not consider a critical evacuation, as it is simply an effect of defervescence, or a favorable turn toward recovery. Prof. Sée does not believe in the humoristic doctrine, nor in the critical evacuation of the peccant humors of the body. According to him, the herpes labialis occurring in pneumonia has no other value than one of prognosis, as it is a favorable sign, from which a physician may with certainty prognosticate a favorable termination. But, as it happens that the fever increases after this, the friends of the patient, losing confidence, call in another doctor, generally a homœopath or other quack; and as the case generally gets well in two or three days afterward, the homœopath gets the credit of the cure.

Mammary Inflammation Treated by Ice.

A writer in the *British Medical Journal* says that the suggestion of treating threatened inflammation of the mammary gland by ice was "one of the most valuable hints he ever got." He thus describes its use in a case:—

"I used a large Chapman's spine-bag, filled with ice, which encircled the lower half of the breast. It felt very cold indeed for a minute or two, then a considerable quantity of milk was shot out, as from a syringe (no milk had flowed before), the pain abated, and in an hour was almost gone; I now renewed the ice in the bag, and the patient kept it closely applied with her arm, which was protected from the cold by a folded towel. Next morning, I found her hugging the ice-bag and loud in its praise. She continued suckling her infant; but she suggested that the baby should not be put to the breast oftener than two or three times in the twenty-four hours. On the fourth day after the commencement of the ice the most careful examination failed to detect anything wrong in the breast, and she is now quite well and nursing her child. No other remedies were used."

Correspondence.

The Effects of Internal Parasites.

Ed. Med. and Surg. Reporter:—

I would hardly presume that there are many reading men in our profession who could derive much benefit from the pleasant criticism upon Dr. Shiver's article, "A Troublesome Parasite." I will not presume that there is a single physician who read Dr. Shiver's article at the time of its publication, who had ever practiced in a malarial or fruit growing country, but what, from Dr. Shiver's own statement of the case, diagnosed it immediately as a case of quotidian intermittent, with torpid liver. And if the Doctor had been so fortunate as to have given his alterative doses of calomel at the beginning, to have been followed with quinine, we would not have heard of his troublesome parasite. If, as Dr. Henning says (Reporter, July 26th), a "large number of such cases come under his treatment each year," he must be aware of the fact that worms in children seldom cause any trouble, except when there is a large accumulation, or the child becomes diseased otherwise. In fact, in some localities worms in children are very much like botts in horses. There are but few horses that have not botts. All farriers will tell you that a bott will not perforate or otherwise injure a horse unless the stomach becomes diseased from other causes, cutting off the supply of mucus from which the bott receives its sustenance, when it will begin to bore.

Dr. Rush says, "when we consider how universally worms are found in all young animals, and how frequently they exist in the human body without producing disease of any kind, it is natural to conclude that they serve some useful and necessary purpose in the animal economy."

Meigs and Pepper, speaking of the frequency of worms, say: "Their importance as a cause of disease has certainly been, and is still, by many physicians, and especially by the public, very greatly exaggerated."

It might be that all children that come under Dr. Henning's care are wormy; if such is the case, the Doctor would be justified in beginning all of his intermittent cases with some anthelmintic. But we, who only see worm cases occasionally, and the symptoms as described by Dr. Shiver's frequently, would prefer another line of treatment.

R. A. Dodge, M.D.

Collinsville, Texas.

[It is true that various recent authors maintain that the ill results to health consequent upon the presence of internal parasites have been greatly exaggerated. But there are indications at present of a reaction against this opinion; and we have noted a number of late papers setting forth strongly the probability that the old opinion was correct.—Ed. Reporter.]

Consanguineous Marriages.

Ed. Med. and Surg. Reporter:—

I notice in the last issue of the Reporter a short article on "Results of Consanguineous Marriages," taken from the Boston *Medical and Surgical Journal*. I think, from the statistics given there, that the conclusion arrived at is erroneous. Six per centum seems to me a very large proportion of insane people whose insanity can be traced to no cause other than consanguinity of parents, and thirteen per centum equally large for those cases traceable to all causes. It is altogether a different proportion to that of the race *in toto*, and ought to teach us a very plain lesson. Besides, in my experience with the fruits of consanguineous marriages, the large majority of the children, while they are not insane, and can frequently reason readily, lack that even balance of mental power which is wont to be termed common sense, and an uncommonly large proportion are, vulgarly speaking, half daft. I should never advise marriage between blood-kin, and think the danger from such union has not been exaggerated in the least.

M. H. C. Weaver, M.D.

Ellsworth, Kansas.

Intestinal Worms and Intermittents.

Ed. Med. and Surg. Reporter:—

In your issue of July 26, a communication from Dr. Henning, headed "Intestinal Worms as a Complication of Intermittents," suggests a report of a case under my charge in the County Hospital.

John Sammons, aged 8 years, reported as having chills every day about 3 P.M. I gave him ordinary treatment for several days, without any noticeable effect, the chills occurring as usual. I visited the patient, and although there were no very marked symptoms of worms, I gave him—

℞.	Santonin,	grs.ij
	Saech. alb.,	grs.xx
	Calomel,	grs.iij. M.

Sig.—Make powders 4 and give one every 4 hours, followed by a teaspoonful of castor oil.

The boy passed 39 large round worms within twenty-four hours after taking the first powder, and has never had another chill since, and that was the extent of the treatment.

A. A. Armington, M.D.

Greensburg, Ind., July 28, 1879.

News and Miscellany.

Report of the Autopsy of Mr. Charles A. Fechter, Tragedian.

At the request of Mrs. Charles Fechter a post-mortem was made upon the body of Charles A. Fechter, sixty-six hours after death, conducted by Prof. W. H. Pancoast, M.D., assisted by Dr. W. G. MacConnell and myself. The body had been well nourished. There was no *rigor mortis*. The abdomen was enormously distended with gas, and percussion showed that the diaphragm had been forced up, carrying the lungs and heart above the fourth rib. Engorgement of superficial veins over the sub-clavicular region, and also of the superficial epigastric veins, was displayed. The face was moderately jaundiced.

On opening the abdomen in the median line, the superficial fascia was one and one-quarter inches thick, and the omentum was loaded with adipose tissue. No gas was met with in the peritoneal cavity, but the stomach and intestines were distended with it. The stomach was normal in size; its mucous membrane thickened, pale in color and covered with a catarrhal discharge. The pylorus was thickened and slightly indurated, its mucous membrane presenting a similar appearance to the lining membrane of the stomach. The peritoneal covering of the small intestines exhibited some marks of inflammation, although no plastic material was detected. The peritoneal cavity contained about half a gallon of blood-stained serum.

Passing to the liver, it was found to be greatly enlarged, its right lobe extending far below the twelfth rib, with its left projecting into the left hypochondriac region; the gall bladder being correspondingly enlarged and partially filled with bile; the whole weighing 9½ pounds, or more than 5 pounds above the average healthy male liver. It presented externally a thickened, opaque and adherent capsule, under which could be seen and felt distinctly characteristic hemispherical granular bodies. The broad ligaments were thickened, and prolongations of fibrous bands were attached to the diaphragm and stomach. The gland was indurated and the edges rounded. Opening the organ, cirrhosis was found to exist throughout the entire structure, with its concomitant fibrous degeneration of blood vessels.

The microscopial examination, made by Dr. MacConnell, revealed lardaceous or amyloid degeneration. The *alumen* of the vessels were contracted, and the bright, shiny appearance of amyloid infiltration was well shown. The dépôts of amyloid matter were surrounded by large bands of connective tissue, not unlike the stroma of a carcinoma. Dense masses of connective tissue were seen; the cells at some points had undergone fatty degeneration. Examining the kidneys, the right weighed eight and a half ounces, the left being half an ounce lighter (normal weight of male kidney 4½ to 6 ounces). Both were highly injected with blood, softened, long and flabby. The capsules were easily detached.

The spleen weighed 15 ounces (or more than 8 ounces above the average), occupied its normal position, and was exceedingly pulpy.

The heart, weighing 16 ounces, was found forced from its natural position, its apex lying opposite the superior border of the fourth rib. Thick deposits of adipose tissue covered the anterior external aspect of the pericardium. No fluid was found within the sac, nor was there any evidence of past inflammation of this membrane. The heart measured, from base to apex, 6 inches, and in circumference at the base, 11 inches. A blood clot was found in the left auricle, with slight thickening of the aortic semilunar valves. The other valves were normal. There was marked thickening, with fatty degeneration, of the ventricular walls. The inferior borders of

both lungs corresponded with a line drawn along the fourth intercostal space, and were congested and freely mottled with carbonaceous pigmentary deposits. There was nothing to indicate former pulmonary disease. The skull cap was removed and the brain exposed. Evidences of arachnitis, with effusion of serum into the arachnoid cavity, were at once apparent, and some lymph had been deposited on the upper surface of the membrane. The pia mater was injected with blood. The encephalon weighed 42 ounces, or about 7½ ounces less than the average male brain. Its texture was remarkably firm and well developed; the convolutions being fine, with deep *sulci*, the average measurement of which was 1⅛ inches. No signs of cerebral inflammation or softening could be found. The medulla oblongata and continuous part of spinal cord appeared sound and healthy.

When Prof. Pancoast and Dr. Shoemaker saw Mr. Fechter at his home, a few hours before his death, the most prominent symptoms were tympanitic distention of the abdomen, feeble action of the heart, hurried and difficult respiration, coupled with great prostration. His intellect was clear until within a few minutes of death. Stimulants were administered, and Dr. Pancoast attempted to unload the distended intestines by introducing the needle of a hypodermic syringe through the walls of the abdomen, but failed to give any appreciable relief, for the little instrument never penetrated the gut, so thick were the overlying structures. In reply to a telegram asking the nature of Mr. Fechter's disease, it was stated to be jaundice and paralysis, so that the probable use of an aspirator was not thought of.

In summing up the results of this interesting autopsy, and associating the morbid changes with symptoms known to have existed prior to death, the conclusion is that Mr. Fechter died from cirrhosis of the liver, and that the distended stomach and intestines was the immediate cause of dissolution, by interfering with respiration and the heart's action; if time and opportunity could have been given to aspirate the colon and relieve the distention, life might have been prolonged, at least for some hours.

CHARLES M. DRAKE, M.D.

American Dental Association.

This Association commenced its nineteenth session at Niagara Falls, August 6th. About one hundred members were present, and there were a number of able papers presented.

The Section on Education, through the Chairman, reported on that subject, and the following resolutions reported by that Section were adopted, after a lively discussion, occupying all the morning session:—

Resolved, That hereafter no dental college shall be entitled to representation in this Association that does not require a good English education as a preliminary qualification for its matriculants, to be ascertained by examination.

Resolved, That the colleges shall hereafter grant no diplomas, except to those who attend at least two full courses of lectures, excepting that practitioners of dentistry who present satisfactory evidence of having entered upon their practice prior to July 1st, 1875, and having continuously followed the same from that date, shall, until July 1st, 1885, be entitled to present themselves for examination for the dental degree, after attending one course of lectures in a duly recognized dental college.

Resolved, That no dental college shall be eligible to representation in this Association that does not, in its next annual announcement, give notice of its adoption of this limit to the conferring of degrees.

The Scapular Index in Man.

The scapular index is the expression of the relation of the breadth of the scapula to its length, and is found by multiplying the breadth of the bone by 100, and dividing by the length. After measuring several scapulæ, as we learn from the London *Record*, M. Broca has found that the average scapular index of Europeans is 65.9. He also measures the infra-spinous index, which is the relation of the breadth of the bone to the length of the blade below the spine. This, in Europeans, he found to be 87.8. He then compared these two indices with those of other races of men, and found that in the Australians, the negroes, and other low races, they are much higher.

Improper Imputations.

It is all very well for Dr. Henry A. Martin, inventor of Martin's bandages, to insist that those manufactured under his own eyes are the best; but when, as in the last number of the Chicago *Medical Journal and Examiner*, he accuses Mr. Ernest Hart, editor of the *British Medical Journal*, of deliberate falsehood and "cheating" his readers and brother practitioners about them, Dr. Martin commits an unbecoming act, and leads to the suspicion that questions affecting his own pocket are clouding his judgment and his sense of propriety. Mr. Hart is a thoroughly honorable man, and Dr. Martin will not help his cause by indulging in such improper imputations.

Sex and Color Colleges.

The law of this State used to exclude from voting "women, negroes, infants and idiots." But these classes are getting their rights, not only in voting, but in education. The women have medical colleges here and elsewhere, and Holloway, of pill notoriety, has commenced one near London, to cost $2,500,000, exclusively for that sex. While away down in Tennessee we note that the corner stone of a medical college building, which shall cost $10,000, was laid at Nashville, on May 15th, which is to be conducted in the interests of our fellow citizens of African descent exclusively, and will be ready to receive students in the fall.

Canada Medical Association.

This Association meets this year in London, Ontario, on the first Wednesday in September. It is expected that various representatives from this side of the line will be present.

The Quinine Trade.

The London *Chemist and Druggist*, July 15th, gleefully makes the following announcement at the head of its columns:—

"The abolition of the Customs duty on quinine was passed by the United States Legislature on July 1, and as a result the manufacture of the chemical in America is practically at an end. In anticipation of the inevitable American demand which this must occasion in Europe, a speculative movement has occurred here which has occasioned a general advance in the market prices of all kinds."

Personal.

—Dr. A. H. Appel, U. S. A., a well-known Pennsylvanian, has been assigned to the staff of General Miles.

—Dr. Edward Warren (Bey), the eminent American physician, has just received the decoration of Chevalier of the Legion of Honor. He resides permanently in Paris.

—Dr. Campany, the military physician who was engaged in the sanitary arrangements during the construction of the Suez Canal, is about to be sent to Panama to ascertain what measures will be necessary for the preservation of the health of the laborers who are to be recruited in South America for Mr. Lesseps' scheme.

—Dr. James L. Roberts, a highly respected citizen of Millville, Mo., while sitting in a store, on Aug. 4th, was accosted by Dr. J. L. Keyes, and charged with talking about his (Keyes') family. Roberts denied the charge, whereupon Keyes called him a liar, and drawing a revolver, shot him twice through the body, killing him. Keyes then mounted his horse and escaped.

Items.

—*Notice.*—We have a communication from Brooklyn, N. Y., without the name of the author attached. He will please write us.

—In the British House of Lords, recently, the Bill for the total abolition of vivisection was rejected by a majority of 81, only 16 voting for it.

—The mortality of Dublin was just about twice that of London in July; 36.4 against 17.4 per 1000 inhabitants.

—The *Chemiker Zeitung* says that a firm in Salamanca makes an incombustible paper by treatment with sulphate of ammonia, sulphate of magnesia, and borax.

—The Memphis Hospital Medical College is going to make another effort to begin this year. Its expected beginning last year was frustrated by the epidemic.

OBITUARY NOTICES.

—The *American Medical Biweekly*, Aug. 2, contains a sketch of the life of the late Dr. Wm. A. L. Potts, of Ashwood, La.

—The Chicago *Medical Journal and Examiner*, for August, contains a full notice of Dr. Theodore W. Stull, born in Smithport, Pa., 1833, died in Illinois, May 8th, 1879.

QUERIES AND REPLIES.

Reader X.—We have used the protochloride of iron as prepared by Rabuteau, although in but a few cases. It seemed to act quite well.

Dr. J. K., of Ill.—We can obtain for you any medical book in the market, and are willing to; but as we do not keep a stock on hand, please remit, with your order, the retail price, and we will mail you the book, postpaid.

Dr. Alphonso, Conn.—The plant you send is the common brake, *Pteris aquilina*. It has long been known to have astringent properties, but we question if it merits the praise you have heard given to it, as a remedy in diarrhœa, dysentery, etc. Perhaps some of our readers will throw further light on its medicinal properties.

Dr. L. S., of Mich., asks: Of two druggists in my village, I *know* one keeps the cheapest and poorest drugs he can get; the other much better. Have I a right to warn my patients against the former?

Ans.—Morally you have; legally, we suppose such a warning would be construed in law as a "privileged communication;" but we are not posted in the law of slander in Michigan, and you had better take counsel before saying much.

MARRIAGES.

CHAPIN—LEDUC.—On June 25th, by Rev. J. B. Donaldson, Dr. A. B. Chapin and Mary P. LeDuc, all of Hastings, Minn.

LAWRANCE—STUART.—In Pittsburg, on the 21st ultimo, by the Rev. Charles C. Thompson, D.D., Dr. E. S. Lawrance, of Philadelphia, and Miss Jeanie L. Stuart, only child of the late A. J. Stuart, of Pittsburg.

McCORD—HARRY.—On Wednesday, July 16th, at Sunny Side, Chester Co., Pa., by the Rev. Geo. G. Field, of Coatesville, Pa., Benjamin McCord, of Philadelphia, and Lydia, daughter of S. H. Harry, M.D.

WOODBRIDGE—MATHER.—In Williamstown, Mass., July 25, at First Congregational Church, by the Rev. Mark Hopkins, D.D., LL.D., assisted by the Rev. A. C. Sewell, L. Dana Woodbridge, M.D., and Abby Marvin, daughter of Benjamin F. Mather.

DEATHS.

AVERY.—On July 9, at Forestville, N. Y., Sherman S. Avery, of Petrolia, Penn., son of Dr. A. R. Avery, of Forestville, in the 29th year of his age.

BUCKINGHAM.—In this city, on the 25th ultimo, George B. Buckingham, youngest son of Dr. T. L. Buckingham, in the 20th year of his age.

CAMERON.—On Monday, July 7, Etta W., eldest daughter of Dr. J. G. and Mary Louise Cameron, in the 21st year of her age.

DE LA MATER.—At Duanesburg, N. Y., on the 9th ult., H. B. De La Mater, M.D., son of Stephen G. De La Mater, M.D., aged 28 years.

GOODALL.—In Bennington, Vt., July 10th, Finette, wife of F. W. Goodall, M.D., and daughter of Dr. J. F. Skinner, of Barton, Vt.

HEATH.—On Saturday, July 26th, 1878, in the 19th year of his age, Harry H. H., only son of Dr. A. Hawley and Mary M. Heath, of New York.

HYDE.—At Hastings-on-the-Hudson, Monday evening, July 28th, of cholera infantum, Edmund Cecil, youngest child of Dr. Frederick E. and Ida J. Hyde, aged 14 months.

LINDLEY.—In New York, on Wednesday, July 23d, Katharine C. Lindley, daughter of Dr. Willard Parker, and widow of the late Dr. Newton A. Lindley, aged 38 years.

SIMMONS.—In Westmoreland, Vt., July 2d, Dr. Barton Simmons, aged 78 years, 3 months.

THE

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Original Department.

Communications.

DISEASES OF THE MIDDLE EAR—OTITIS MEDIA.

A paper read, by request, before the Delaware County Medical Society.

BY CHAS. S. TURNBULL, M.D.

REPORTED BY DR. W. MUIR ANONEY.

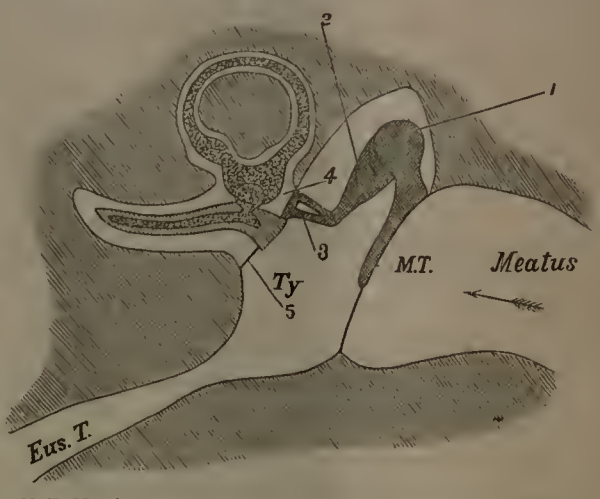
In studying diseases of the ear, our object should be to take as a basis the principles of pathology, and to reduce their treatment, local as well as general, to the recognized rules of modern therapeutics and scientific surgery; but above all should we labor to divest this branch of medicine of that shroud of quackery, medical as well as popular, in which, until lately, it has been enveloped.

To make the subject of aural disease acceptable and profitable to the student and general practitioner, it is requisite to simplify, as far as possible, the details of examination, and methods of treatment.

The ear admits of being correctly divided into two parts, viz., a *conducting* apparatus and a *fundamental* portion; but the usual anatomical division of it is into the external, middle, and internal ear.

Inflammation of this middle division of the auditory apparatus constitutes what is known in Aural Surgery as Otitis Media, and this term comprises not only inflammation of the cavity of the tympanum, but also the membrana tympani, the Eustachian tube and the mastoid cells, because, in a pathological point of view, the parts cannot fairly be separated. It is of the utmost importance for us, at the outset, to have a clear idea of the topographical anatomy of the tympanum, since most of the diseases of the ear occur in this space.

It will be best to consider somewhat in detail the several parts of the middle ear, in order to be able to trace the almost unlimited number of symptoms of an otitis media, and its effect upon contiguous organs.



M. T. Membrana tympani. *Ty.* Tympanum. *Eus. T.* Eustachian Tube. 1. Malleus. 2. Incus. 3. Stapes. 4. Fenestra ovalis. 5. Fenestra rotunda.

Instead of the demonstration made at the time of this lecture, from one of Prof. Azoux' large papier-maché models of the human ear, we have selected the accompanying sectional diagram,*

* Allen's Lectures on Aural Catarrh, London, 1874.

which will serve to illustrate the topography of the middle ear.

The tympanum represents an irregularly shaped octagon, its surface directed outward; or the *outer wall* may be described as the wall of the membrana tympani (so often incorrectly called the tympanum). The *inner* wall as the labyrinth wall; the *lower*, or floor, as the wall of the jugular vein; the *upper*, or roof, as the wall of the dura mater; while the *posterior* wall presents irregularly bordered openings into the appendix of the tympanum, the mastoid process: and *anteriorly* the tympanum terminates in the Eustachian tube, which serves for the escape of fluid as well as for ventilation.

Within the cavity of the tympanum are situated the ossicles, or ear bones (hammer, anvil and stirrup). These form an elastic vibratile chain connecting the outer with the inner ear, and serve to convey sound vibrations from the drumhead (membrana tympani) to the fluid in the labyrinth at the oval window (fenestra ovalis), which fluid will finally excite the fibres of the auditory nerve therein expanded.

In order to enable the membranes at either end of this chain of little bones to be tightened or relaxed, its mechanism is controlled by two muscles, the tensor tympani and the stapedius, which act antagonistically, although at times they seem to act together. Opposite the oval window, into which fits the foot plate of the stirrup, and on the other side of the promontory or prominence of the cochlea, is the round window (fenestra rotunda) or analogue, if we may use the term, of the Eustachian tube. Pressure inward, toward the vestibule and upon the fluid of the labyrinth, by the base of the stapes, is transmitted to the only movable portion, the membrane of the round window, and this, it is manifest, must bulge outward.

The Eustachian tube forms the communication between the tympanum and pharnyx, and serves at once for the escape of the tympanic secretion and as a passage for the renewal of air in the middle ear, so that the air therein contained shall always remain of the same tension as the outer atmosphere. By the act of swallowing the membranous wall of the tube is retracted, through the action of the tensor and levator palati muscles, and at the same time the tube is opened. The mechanical action of these muscles protects the orifice of the tube against the entrance of liquids and morsels of food; although sometimes, as in the act of sneezing and vomiting, as well as in cases of cleft palate, substances get into the tube.

The *mastoid cells* represent the air-containing cellular spaces; a kind of reservoir or pneumatic appendage, as Hinton called it, of the tympanum.

The muco-periosteal lining membrane of the middle ear throughout, is spread over every surface reflected around the little bones, their joints and the tendons of the muscles, and covers the internal surface of the membrana tympani, and the membrane of the round window. It extends into the mastoid cells, and is continuous, through the Eustachian tube, with the great gastro-pulmonary mucous membrane; thus possessing an intimate and extensive connection with the digestive and respiratory organs. It is in this manner that morbid impressions are conveyed, through sympathy or continuity, and become a cause of deafness.

The vessels of the middle ear are derived partly from the region of the external carotid (the stylo-mastoid and ascending pharyngeal); partly from the internal maxillary (the middle meningeal); and the internal carotid also gives off, during its passage through the petrous bone, some branches to the tympanum and Eustachian tube.

The nerves of the middle ear are derived from quite as many sources. Sensation is supplied to the mucous membrane by the glosso-pharyngeal and by the sympathetic. The otic or Arnold's ganglion—the special ganglion for the organ of hearing—is formed by branches from the fifth, from the glosso-pharyngeal and from the sympathetic. The tensor tympani and tensor palati muscles are supplied by the trigeminus, and motor internal pterygoid nerves of the third division; both receive, as well, a small branch from the otic ganglion. The levator-palati muscle receives its nerves from the vagus, and the stapedius muscle from the facial. Lastly, the chorda-tympani nerve, from the facial, passes through the tympanum without giving off any branches there.

Finally, the physiological function of the tympanum is to furnish a free space for the vibrations of the membrana tympani and the ossicles, and for the distention of the membrane of the round window, by which means vibrations of sound are collected, intensified, or, on the other hand, diminished, and delicately transmitted to the fluid of the labyrinth and auditory nerve. Any change within this space which can produce any obstruction to the free vibration of these parts must be the cause of disturbances of hearing.

In considering the morbid changes that occur in the auditory apparatus when affected by

catarrh, or by the exanthematous disorders (especially scarlet fever and measles), we will find that the middle ear, or tympanum, is the part of the organ implicated.

This manner of dividing the subject will eliminate from our present design very many of the diseases of the external ear—the auricle and meatus—as well as those of the internal ear, consisting of the nervous portion and labyrinth. Even though we exclude all those disorders not arising from, or complicated with, any abnormal condition of the middle ear, its contents and appendages, it may still be safely asserted that in fully five-sixths of the cases which come under the notice of aural surgeons the disease and accompanying deafness have originated in the mucous membrane lining the throat, nasal passages, Eustachian tube and cavity of the tympanum.

Diseases of the middle ear or tympanum are best divided into the three following forms:—

(*a.*) Catarrhal inflammation (otitis media catarrhalis).

(*b.*) Purulent inflammation (otitis media purulenta).

(*c.*) Plastic or hypertrophic inflammation (otitis media hypertrophica).

All varieties of inflammation of the middle ear resolve themselves into one or the other of these forms, and becoming chronic, or terminating as an acute or subacute attack, can be traced out, and as the disease progresses our diagnosis can be more precisely made.

(*a.*) Catarrhal inflammation (otitis media catarrhalis), or simple aural catarrh. This form may be divided into *acute* and *chronic*.

Acute inflammation of the lining membrane of the tympanum is one of the most painful affections from which poor humanity must suffer. It may occur at all periods of life, but is generally a disease of youth, and seldom seen beyond middle age. It is usually induced by some definite cause, as cold, occurring, for instance, after "catching cold," getting the body, or more particularly the feet, wet; sudden exposure to a low temperature, blasts of harsh, cold wind, surf bathing, diving in cold water, sneezing, vomiting, riding in draughts in carriage or railway cars, and is generally seen in connection with catarrhal inflammation of the naso-pharyngeal passages, or less frequently, with bronchial catarrh. The lower or facial portion of the Eustachian tube is involved in nearly every severe case of coryza or acute naso-pharyngeal catarrh; and in the cases of persons particularly predisposed there is always induced what may be called tubal catarrh. In some there seems be a peculiar tendency to inflammation of the naso-pharyngeal mucous membranes, and in such we must frequently find this variety of ear disease.

Loss of hearing generally occurs suddenly, and the impairment is usually of a high degree, although, on the other hand, an accession of pain at the middle or toward the end of the night is the first warning the patient receives. In many of those violent cases of screaming (occasionally convulsions) with which children are awakened out of sleep, an acute catarrhal otitis media is the cause. The pain is described as of the most excruciating character, and is usually compared to a "knife being thrust into the head." It may only be felt at intervals, but it is sure to be exacerbating at night, and it is more on account of the loss of sleep that the patient is so quickly prostrated. At times the patient escapes with nothing more than a sense of fullness or pressure in the ear, but in most cases the pain is of a deep-seated character and is dull and aching, and of an incessant, throbbing nature. Traction upon the auricle does not always cause pain, but pressure in front of the ear—upon the tragus—is more than painful, while the act of swallowing, motions of the jaw, coughing, blowing the nose, straining, and especially sneezing, are simply torture. Drinking cold fluids is also a cause of pain, as well as provocative at such times of neuralgic toothache. Tinnitus of many varieties (buzzing, hammering, booming, etc.) add to the patient's misery, and these noises in the ear are so disturbing that patients are often at a loss to know whether they are not actual ones, made near them. Giddiness may, at times, be present, and in those cases in which the fever is very severe, and the pain is more diffused over the head and less confined to the ear, while the difficulty in hearing is scarcely noticeable, the origin of the disease may easily be mistaken for congestion of the brain or meningeal irritation. Vertigo may be felt even while patients lie quietly in bed; the febrile symptoms may increase in the evening, almost to delirium, and it is no difficult matter to picture the anxious, staring countenance of a patient reduced and excited by loss of sleep, fever, and pain; to say nothing of the accompanying deafness and demoralizing tinnitus.

Therefore is it especially difficult, in the case of children, to distinguish between acute aural and cerebral disease.

Facial paralysis, from involvement of the portio dura, through swelling in its neighborhood, is sometimes seen, and should this attack be due

to exposure to cold, there will be more or less of a mucous discharge from the nose, with stuffing of the frontal sinus, acute frontal pain, redness of the conjunctiva, photophobia and lachrymation.

As regards the objective symptoms, it is true we do not require more than we have described in a general way, but for the importance of a more minute diagnosis we must inspect the meatus or auditory canal, which may or may not be swollen, even to occlusion. Should the canal be unobstructed, we will find the membrana tympani of a dull white or brownish color; all its opalescent lustre will have disappeared; the handle of the malleus will be pink, scarlet or brown, or, when the membrane bulges, it is not discernible at all. Later, that is after several days, the mastoid process may be swollen, red and painful on pressure, and simple motion of the head may be impossible. Politzer describes the membrana tympani, in such cases, as generally looking like a polished copper plate.

In addition to these local symptoms, there is more or less fever, the tongue is white, dry, and even furred; pulse quick, skin dry, bowels constipated, urine scanty and highly colored, but *intense thirst is rare.* The countenance indicates agony, and the patient cares but little for external surroundings, and tosses the head from side to side and moans. Partial coma we have seen but seldom present.

The prognosis is so far favorable. The immediate termination of the disease is threefold, *i. e.*, *resolution*, *perforation* and *extension* to vital structures.

In *resolution* the pain gradually subsides, and if there be swelling, as is rarely the case in this catarrhal form, this also disappears, and hearing is restored, although a certain amount of fullness and tinnitus (of a buzzing or ringing nature) remains for a considerable time.

In this form the inflammation never goes on to the formation of pus. If serum, or even muco-pus, be poured out from the tympanic mucous membrane, it is absorbed, or has found a gradual exit through the Eustachian tube, leaving the membrane thickened, or its function more or less impaired.

Perforation of the membrane rarely occurs, and if at all, generally during violent sneezing or blowing of the nose, or it may be, unprovoked, accompanied by a loud report. Such perforations permit the escape of a small amount of serous fluid, after which the edges of the opening quickly unite, and in twenty-four hours no sign of rupture can be seen. Perforations are induced by the entrance of substances from poultices, or by fluids dropped into the meatus, as the parts thus encroached upon become irritated and macerated, and hence weakened.

The escape of the pent-up matter is always followed by an immediate sense of relief, thus showing that pressure by the fluid upon the unyielding structures of the cavity of the tympanum has caused the pain. The main point is, therefore, to evacuate the cavity of the tympanum of its contents, be they what they may, serum or muco-pus. This is best done, in the severer cases, by paracentesis of the membrana tympani (only when it bulges), and the blowing of the foreign matter through the opening by the air douche (Politzer's method here described) or by the catheter.

Seldom have we found it necessary to perforate in cases of simple aural catarrh, as a good blast from the air douche usually disseminates all the intra-tympanal fluid, especially when the patient can be instructed in the application of Valsalva's method of inflation of the tympanum (self-inflation of air, with closed mouth and nostrils, after a previous deep inspiration).

By *extension*, we mean a continuation of the previously enumerated symptoms. The intra-tympanic secretion, from mucus and muco-pus changes to be a true pus (often ichorous), the mastoid cells become clogged, through an extension of the inflammatory process, the Eustachian tube is closed, the membrana tympani becomes thickened, and burrowing commences. The periosteum (mucous membrane of tympanum) is lifted up, and the inflammation is propagated to the dura mater through the thin lamina of bone, or it spreads, by way of the round or oval windows, into the labyrinth, and through the internal auditory meatus into the brain, causing meningitis or cerebritis, or even abscesses, by pressure, may form in the substance of the brain. The latter course, in cases of acute aural catarrh, is rare, but, nevertheless, cases are on record where the process described ran its course within a short time and terminated the life of the patient. Pain in acute inflammation of the tympanum is at times the cause of delirium, which symptom often misleads the novice.

Treatment of acute inflammation of the middle ear is most satisfactory, and by it most of the well earned laurels which crown the monotonous labor of the otologist are to be won. Local blood letting is first called for in every case, either by leeches, the artificial leech, or wet cups, or even scarification of the tragus and post auricular tissues. The American leech must be freely

used, while of the Spanish, the best, from five to eight are generally sufficient. The effect may be increased by encouraging the bleeding by hot fomentations. to the bites. The effect of local blood letting in acute aural disease, in relieving the intense pain, is magical, and with morphia used internally we are sure of affording prompt relief.

Where fluid of considerable quantity can be diagnosed within the tympanum, the membrana tympani may be perforated, and where the fluid is not satisfactorily diagnosed, the air douche can, with safety, and generally with success, be used. Heat and moisture, from poultices or fomentations, are next called for (the substance of the poultice in no case to come into contact with the ear, lest it enter and clog the meatus. The next best application, instead of a poultice, is a cloth wrung out of hot water, or better, spongio-pyaline, and covered with oil silk. A cathartic, composed of from two to three grains of calomel and five to eight grains of jalap, should be given. As an anodyne, morphia has been pronounced of unusual efficacy, and we would testify in its favor: it seems to be especially indicated in these cases, and is, with few exceptions, well borne. It can be given by the mouth or hypodermically, gr. ⅛, at a dose, every half hour until relief is obtained. The old-fashioned remedy, of a bag filled with salt. chamomile flowers, or hops, must not be ignored, as, like most home-made remedies, it is good. In lieu of anything better hot water can be poured into the meatus with a teaspoon, at intervals of an hour, and allowed to remain fifteen minutes. This latter method is a good one in camp, or in places where hospital conveniences are not to be had. The severe pain will usually cease with this treatment, but the patient should remain in bed, while slight diaphoresis is induced by liq. ammon. acetatis or pulv. ipecac. comp.

The naso-pharyngeal catarrh should be carefully seen to, and as soon as the acute inflammatory symptoms have subsided, gargles of warm salt water, bicarbonate of soda and water, or alum or tannin in water, should be employed. Sage tea and alum, ʒj of the latter to Oij of the former, we have found very useful.

(*b.*) *Purulent inflammation*, in so far as it concerns the tympanum proper (time limits our going further), usually leads to rupture, ulceration and loss of substance in the membrana tympani, and continuous discharge of pus externally. This form of inflammation is often met with in nursing children, where a discharge existing for a month or more has, after careful treatment, gotten well, and no impairment of the function of hearing has followed, as we can testify after having watched such cases. The acute variety is common in following the acute exanthemata, typhus, tuberculosis of the lungs and syphilis.

The exudation may be pure pus, of a yellowish or yellowish-green color and creamy consistency, which causes the meatus to be filled; the pus may run into the concha, or even drop upon the shoulder. When the meatus is cleansed by syringing with warm water (which must be done before we can make a diagnosis), the shining, deep-red lining membrane of the tympanum, its surface denuded of epithelium, can be seen.

Just here we would pause and make the remark that many of the cases of chronic purulent inflammation of the tympanum are caused either by neglect or through dire ignorance. On one hand, persons will patiently permit the sense of hearing greatly to be impaired, nay, even lost, on one side, without making an effort for its restitution, and when the lapse of months, or even years, has contributed to confirm disease and render such persons incurable, they generally respond to inquiries with regard to previous treatment, that they did not like to be "tampering" with their ears, or that they had been told that nothing could be done for them. On the other hand, not only will ignorant, uneducated persons say "the discharge must not be stopped," "Oh! no, it will go to the brain," or "it is good to have running ears," but also those who are educated and who ought to know better will make similar stupid remarks, and entertain equally absurd opinions; and what is worse than all, they will assure us that "their family physician advised them to let the ear alone." This is not vain talk, but solemn truth, and any otologist will bear us out in this statement. Little to be wondered at is it, then, that acute inflammatory processes within the ear run on to destructive ulceration and a fatal termination.

In *chronic* cases of purulent inflammation the disease leads to hyperplastic processes in the mucous membrane, and where there is secondary ulceration (which is relatively rare) there may be a deep loss of substance in this mucous membrane, and caries of the ossicula and walls of the tympanum may occur; we have had small portions of the exfoliated bone and necrosed ossicula brought to us by observant patients. If the pus is stagnant for any long time, dried pus, fatty detritus, and cholesterine may be found, with epithelium cells, forming masses, which by drying and shrinking fill and irritate the cavity of the tympanum or mastoid cells. Granulations may spring from all

parts of the mucous membrane, and sprouting, fill up the tympanum and project into the external meatus, and within a few days cause increased or even total deafness of that side.

After the healing of a chronic suppuration of the tympanum, where a perforation of the membrana tympani remains open, it will frequently be seen that the epidermis of the meatus extends into the tympanum, and even into the mastoid cells, and this affords the surest protection against a recurrence of suppuration, and is especially desirable.

Polypoid masses (*i.e.* granulations) are to be cut away with the wire snare, and the parts touched with nitrate of silver, or better, carbolic acid; great care being exercised that no more acid than is actually necessary be used. The several conditions must be treated as they arise. In the case of sclerosis, where there is considerable hearing remaining, the ear should not be meddled with. Where there is no cerumen a substitute must be used.* Where both ears are without the membrana tympani, an artificial drumhead may be inserted; but the pledget of cotton soaked in equal parts of glycerine and water has been found of most service.

The most successful treatment is that which combines careful attention to hygienic and dietetic rules. Proper cleansing is in many cases quite sufficient for a cure. For this purpose a syringe, holding from four to six ounces, or a douche, may be used. Castile soap solution, the favorite ear wash of the laity, we would here condemn. Warm, always warm, solutions of salt or soda and water are the best, and should be used in the morning, never at night. They should be used at least one hour before going out of doors, and cotton placed in the meatus, to be worn there only when out of the house. The cotton should never, on any account, be worn in the ears at night. The discharge must have free exit. If allowed to back up upon the mucous membrane, it will ferment and prevent any possible healing process. We have found the absorbent cotton to be the best, as it soaks up the discharge and the wearer can renew the pledgets from time to time. Ordinary cotton only pens up the discharge. To the alkaline washes may be added carbolic acid or alum; we have used both with benefit. Of late, we have used with marked success powdered tannin and iodoform, one part of the latter to four of the former, dusted into the recently cleansed meatus. Caustic applications or solutions are in no case to be allowed in the hands of the patient. Such local applications are made through a large-sized vulcanite speculum, and by the light of a forehead mirror.

Where solutions are used, the head should be laid on a table with the diseased ear upward, and the operator should drop the warm solution in with one hand while he holds a moist sponge in the other, ready to catch any superfluous fluid that might accidentally run out of the ear, so as to save the patient's clothes and his own feelings, for nothing looks worse than a nitrate of silver-stained neck or cheek.

Be sure and allow the healing process a chance. Treat the symptoms. Keep the ear (tympanum) inflated by means of the air douche, and cleanse by syringing only when necessary. Perforations, even large ones, do heal, and the function of the membrana tympani will be almost restored. Pseudo-membrane only, but never the three-ply (mucous, fibroid and dermoid) membrane, is formed to close a large perforation or one of long standing.

Teach the patients how to care for their ears. Show them how to syringe or cleanse the tympanum, and how to dry the parts thoroughly, and also how to inflate the ear by Valsalva's method.

Syphilitic forms of otitis media, when taken in time, are quite amenable to treatment, and the method already described, with appropriate constitutional remedies, seldom fails. They are mostly of pharyngo-tubal origin.

Tuberculous otitis media we never saw cured, nor do we ever expect to cure such a case. Caseous inflammation, with the formation of miliary tubercle, in chronic purulent otitis media, is seen frequently accompanying pulmonary tuberculosis. In persons past middle life, too, we have yet to see a case of cure of chronic purulent otitis media, even in otherwise healthy subjects.

Counter irritation, by tincture of iodine, behind the ears and over the mastoid bone, acts as well, and is much less severe, than blisters, and we have found the combined effect of one coat each night to be much preferred.

Croupous, diphtheritic, or even gonorrheal inflammations of the middle ear, induced through inoculation by the towel or fingers, is seldom seen, but should be treated according to general principles.

Should an inflammation of the middle ear be allowed to run on through its chronic course,

* One grain of morphia and one grain of the yellow oxide of mercury to a drachm of cosmoline forms the best substitute for cerumen. It is to be used nightly or less frequently, as the more or less dry condition of the meatus indicates.

and perchance cease and heal. the connecting bands thrown out by contact of inflamed surfaces or by pathological action bind the parts together. or by sclerosis the parts are so contracted that the ossicles are crippled, their joints are anchylosed, and the result is most disastrous to hearing.

Before closing we must refer to "tinnitus aurium," or noises in the ear. This symptom occurring in the course of an acute inflammation of the tympanum is due to pressure by swelling, exudation and increased circulation. This latter form is, of course, the most amenable to treatment, and is the last lingering symptom in acute cases. In chronic suppurative inflammation the tinnitus often remains, and is caused by the constant rush of atmospheric air through a perforation in the membrana tympani, by a patulous Eustachian tube, or by the pressure of the swollen, sclerosed,—cicatricial—parts upon the labyrinthine fluid, through the stapes or thickened, unmovable membrane of the round window.

One form of tinnitus, known as pulsating, is caused by functional disease of the heart or arteries; it is more rare, and is quite incurable, as may easily be imagined, although there are rare cases of cure from ligation of the carotid. One well marked peculiarity to be noticed in all patients suffering from this form of tinnitus is, that they often suppose the noises they hear must be heard by others standing near, and it is sometimes well for us to give ear to their story, where we might often be inclined to smile. Patients' seemingly ridiculous suggestions are not always so absurd as they appear, and he who would learn will, at least now and then, stop and listen.

In conclusion, allow us to offer a protest against the promiscuous dropping of any fluid, even water, into the external auditory meatus, in cases of inflammation of the middle ear. Laudanum is considered as a panacea in all cases of earache, no matter from what cause it may have arisen; and drops, oils, and liniments, some of them of the most caustic nature, are, without mercy and without discrimination, poured into the external meatus, by those who, like the regicide of old—

> "Stole,
> With juice of cursed hebonon in a vial,
> And in the porches of the ear did pour
> The leprous distillment."

The late Sir William Wilde humorously but truly writes, and we quote his experience. "Friends often ask us, 'Have you found any new cure for deafness?' We do not propose to invent or introduce new remedies. We labor to make the well established rules of practice in the treatment of other organs applicable to the management of aural diseases. Like most students of our day, we were taught theoretically to believe, and practically to observe, that we 'knew nothing' about diseases of the organs of hearing." This was the dictum honestly expressed by the "heads of the profession," men from whom the public were willing to receive a fearless, candid opinion, either immediately upon being consulted or after a few trials of the "ordinary means," to wit, syringing with hot water and soap, either castile, soft yellow, or old brown windsor, *in the hope* that the deafness or the noise in the ears might arise from a collection of hardened wax: then settling the digestive organs by purgatives and a "course of bitters," lest the affection might be "owing to the stomach." The human stomach has much to answer for in deranging the system, no doubt; but the mischief of which it is daily accused, as every one extensively engaged in practice is aware, is beyond belief. There is scarcely a disease of the ear which we treat, no matter how local, upon which, if we question the patient as to its duration, he will not say, "Oh! it is, indeed, of pretty long standing, but I was waiting to have my stomach put to rights, as I am told that I am very bilious." Next in order, in routine practice, is blistering behind the ears, tried in order to draw away some peccant humor that had, *perhaps*, accumulated around the delicate organ of hearing.

These, and like methods, failing to give relief, stimulants, often of a very acrid nature, are poured into the external auditory passages, either to restore the secretion, under the impression that what is a mere attending symptom is the disease, or to excite or arouse the dormant nervous power: and hot tinctures, turpentine, creasote and pungent essential oils, are applied to the external surface of the tympanal membrane without mercy. Some physicians resort to more palliative means, recommending some warm almond oil to be dropped into the ear at bedtime, or eau de cologne to be rubbed upon the side of the cheek adjoining the auricle, at the same time advising a little black wool to be retained in the meatus in order to preserve the organ from exposure to cold. To give, however, fair play to the latter remedy, it should be prescribed in full; and according to the old popular superstition, which is still extensively adhered to, the wool should be procured from the left forefoot of a six-year old black ram! Some advise a slice of fat bacon to be inserted into the meatus every second night: and now glycerine has become the fash-

ionable remedy. All these various means having failed to give relief, the patient is recommended —an easy mode of getting rid of him—to give galvanism and electricity a fair trial; and if they do not succeed, change of air and scene, sea bathing, or a "course of waters" at some of the fashionable places of resort is prescribed. Despairing of relief from the legalized practitioner, and becoming disheartened at the different opinions from men of repute and eminence, we need not wonder that suffering patients throw themselves into the hands of quacks and nostrum mongers.

INUNCTION IN SCARLET FEVER—IS IT A PROPHYLACTIC?

Read before the Northern Medical Association of Philadelphia,

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In the absence of our regular essayist for this evening, I will, with your permission, introduce some thoughts for your consideration, concerning the use of inunctions in scarlet fever; and more particularly to the fact that in addition to their usually ascribed benefits I believe them to deserve the additional one of being *prophylactic*.

As conservators of the public health, and especially of the health of those families entrusted to our care, the matter of prophylaxis is of the utmost importance to us. Scarlet fever is believed to arise by contagion in the vast majority, if not in all, cases, being transmissible from the sick to the well, either by direct exposure or indirectly by fomites.

The agents which have enjoyed a reputation as prophylactics in this disease are of such a character that the healthy must take them in order to serve as antidotes to such poison as may be absorbed. Belladonna for a time enjoyed quite a reputation in this respect, and is still employed quite extensively by many practitioners; where, however, it has been subjected to careful experiment, it has repeatedly and utterly failed as a protective, and hence our faith in it has been lost. Numerous agents have been recommended for their supposed power to disinfect the tissues of those who are exposed to the poison, so that the would-be destroyer is destroyed. Among the latter is sulpho-carbolate of sodium, recommended by Drs. Brackenridge and W. Scott, and reputed to have proven satisfactory in doses of from 5 to 30 grains, according to the age, and to be repeated three or four times daily. However successful these agents may prove themselves to be, they will seldom be thoroughly and extensively employed, because they necessitate the dosing of the *well*, and that not always with the most palatable substances.

In treating some cases of this affection recently, my attention was directed to the results of inunction; and I am forced to believe that in this method of treatment we have a prophylactic agent which possesses some advantages over many of those previously mentioned. The chief advantage it possesses is that the *infected organism receives the treatment*, and not the healthy ones; and further, that the treatment is directly beneficial to the patient also.

Inunctions, though recommended by most authorities on scarlet fever, are too frequently either slighted entirely, or else very unsystematically employed by many practitioners. The rubbing with fat bacon, advised by some neighborly old lady, is acquiesced in because it will do no harm, and may make the attendants feel that they are doing something in the way of help. Others direct that inunctions be used, without detailing the method of application or frequency.

The importance of the treatment will be readily understood by a little reflection. The chief symptoms of the early stage of scarlet fever are intense itching and consequent restlessness, which latter may gradually shade into convulsions. By allaying the itching the restlessness may be almost or entirely prevented, as abundant evidence testifies. The child tossing and crying in its wretchedness is soothed into a quiet slumber as the well-oiled palm traverses its surface, and the convulsion which seemed imminent is warded off. So much for the oiling as it is generally employed.

In the first of the cases which fell into my hands during the past winter I used the inunction every two hours, or more frequently if the child became restless. Instead of ceasing the inunction as the febrile and restless stage declined, I decided to continue it, with the idea of avoiding the dangers of exposure after the hot bath (95–98° Fahr.), which the child was receiving night and morning. Anointing with warm sweet oil was directed after removal from the bath, the same to be repeated at intervals of four hours between baths. Although the child had a profuse eruption, the desquamative stage could scarcely be called such, there being no free scaling whatever. The skin was pliant, soft and secretive, markedly in contrast with the usual dry, rough skin of this stage, even where desquamation is not excessive. I concluded that

something was gained in keeping the skin in this secretive condition, by avoiding, in a measure, at least, the dangers of nephritic trouble, so frequent and so serious as a sequel to this disease.

I was still more impressed with the entire absence of free scaling. On inquiry I learned that scales were quite perceptible in the water of the bath. The inunctions had succeeded in keeping those which were proliferated in contact with the skin, until removed therefrom by the bath. The query, therefore, presented itself: If, as is generally conceded, the epidermic scales are loaded with the scarlet fever poison, and furnish the chief means of spreading the disease, *will not any means which prevents their free escape be so far a measure of prophylaxis?* Acting upon this suggestion, I have treated the cases which have since fallen under my care accordingly; and although some of the cases had the eruption in an intense degree, yet in no case was there more than the slightest desquamation, and in none were the few scales formed found lying freely and loosely upon the surface, nor entangled in the gathers of the garments. In no case was there an instance of contagion. However, the number of cases have been too few to draw any just conclusion as regards the success of the measure as a prophylactic.

The advantages of inunction are patent in every stage of this disease; and, while other remedial agents may be called for by special symptoms varying with the case, no case, however slight, can be other than benefited by judicious and systematic inunction. Its claims for more general use rest upon the following facts:—

1. Its action during the febrile stage removes restlessness, lessens the liability to convulsions, and insures healthful sleep.

2. Continued in the post-febrile stage, it keeps the skin in a secretive condition, thus rendering dropsies, etc., due to nephritic implication, much less liable to occur.

3. By lessening cutaneous irritability in the early stages, it directly lessens the amount of desquamation, thus immediately and measurably detracting from the number of agents engaged in the spread and continuance of the peculiar poison.

4. As seclusion of patients affected with this disease has proven to be at once the simplest and most efficient means of protecting the household, inunction perfects this seclusion, by entangling and retaining such scales as are proliferated until they can be removed by the bath, which, if thought necessary, may be medicated by a disinfectant. The ointment used for inunction may also be similarly medicated in cases of peculiar severity, or where desquamation is excessive.

5. This latter effect justifies us in classing inunction with the prophylactics of this disease; and until proven otherwise, I cannot but esteem it at once the most efficient of all the prophylactics, because of its universal application.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

At the meeting of the Society held in May, 1879, Dr. James B. Walker read a paper on

Inunction in Scarlatina,

which is given on page 162.

After its reading, the discussion was opened.

Dr. Rihl said he had been aware of the benefits of inunction in the early stage of this disease, and had employed it for several years; always with relief to the burning sensation in the skin, and decrease of the fever. He had not continued its use through the desquamative stage, but should try its effects in future cases. He thought the disease had changed in character within a few years; at least, his own practice showed a much smaller per cent. of severe cases than formerly. He asked if the members had observed the time of incubation; he had recently had his attention called to it by two cases which pointed to a much shorter period than that mentioned in the books. They occurred in two children living in a little village some miles up the river Delaware, where there had not been a case of scarlatina for several years. The children had not left the village, nor been in company with any one from outside for several months, until they came to Philadelphia one morning, by boat, and returned the same evening. Both were attacked with scarlatina within twenty-four hours of their return. He also asked what was the custom of the members about restraining the children within doors after being apparently well of this disease. His own custom had been to require four weeks. He had just lost a little patient whom its parents took out, contrary to his directions, two weeks after the desquamative stage was over. The day was not inclement, yet the child was immediately worse, and died within a month. He thought the child so well that he did not examine the urine before the exposure, and therefore could not say that it was the sole cause of death.

Dr. Hatfield said it was exceedingly difficult to ascertain the exact time of reception of the poison. He could recall two recent cases in which the time was supposed to be known. They were in the same family, and both exposed together. One was attacked with fever five days, the other not until twelve days, after. Supposing the second took the disease from the first, and not from the original exposure, the time of incubation would be nearly the same in each.

Dr. Hall said he remembered three cases occurring in the same family, where they were at-

tacked successively, with intervals of twelve days. There was no communication with any one outside the family after the first was attacked.

Dr. Stone thought that prophylaxis was not sufficiently appreciated by the public, or insisted upon by the physicians. The mortuary reports show scarlatina to be more deadly than smallpox, yet it did not create the same alarm. The consequence was that when the doctor gave the proper directions they were not followed, even in families otherwise intelligent.

Dr. Sauter remarked that it would be impossible to judge of the value of any method of prophylaxis without a very large number of observations, on account of the apparent capriciousness of the contagion. He attended a family only a short time ago in which this was remarkably illustrated. There were four children, three of whom were attacked successively with the angiose variety of a most malignant type—all dying. The fourth child remained in the room during the entire sickness of the others, part of the time occupying the same bed with one of them, yet did not have a single symptom of the disease. There was no attempt at prophylaxis. He would say that the family were not only poor, but refused hospital treatment and all available means of isolation.

Editorial Department.

Periscope.

Pigmentation of the Face in Chronic Abdominal Affections.

Dr. N. Gueneau de Mussy (*Revue Médicale*, February, 1879, quoted in the *British Medical Journal*) says that, twenty years ago, in a work on the cause and treatment of phthisis, he pointed out the coexistence of pigmentary patches on the face with abdominal tubercle. Since then the two conditions have been so constantly associated that he now regards the one as a sign of the other. Tubercular disease of the abdominal viscera is usually indicated by functional troubles, which deprive the pigmentation of any diagnostic importance, but not always; and this pigmentation may become of value. It forms bronzed patches, which usually commence in the temporal fossa, and then spread over the forehead, where they may cover the greater part, or lose themselves in a diffused coloration, like that of mulattoes. Sometimes they invade other parts, the nose or the malar region; and they may even appear on other parts of the body, particularly the backs of the hands, and are sometimes so extensive as to constitute a species of Addison's disease. Pigmentation is found in other abdominal affections besides tuberculosis. Dr. Gueneau de Mussy has met with it in four cases of cirrhosis with ascites, and in a case of cancer of the stomach; it is present also in the well-known pigmentation of pregnant women, and may last several months after confinement should anything interfere with restoration to health. It is to be distinguished, however, though often coupled with it, from the greenish-yellow tint not uncommon in abdominal phthisis, and which appears to be associated with fatty degeneration of the liver; and if by its objective character this pigmentation put on the aspect of the melanoderma described by Addison, if in some cases, by its extent, it take this disease as its model, and appears in, indeed, an early stage, it may well be asked if it have not some pathogenic connections with Addison's disease, if it do not own the same cause, acting with less energy. Dr. Gueneau de Mussy then passes in quick review the causes of Addison's disease, and concludes that all excess of pigment is developed under the same pathogenic condition; and this is a lesion or irritation of the nervous threads which form part of the suprarenal capsules, and form plexuses in their vicinity. All irritation or lesions of these nerves, in whatever part of the abdomen they commence, will end in the same result. Clinical observation is in accord with this induction. It has been seen that the most different affections, situated in all parts of the abdomen, are associated with the melanoderma of Addison's disease, or with the partial pigmentation now more particularly in question. And an irritation which is physiological and not habitual, such as that which results from enlargement and congestion of the uterus in gestation, produces the same effect, and explains the formation of the pigmentary mass which is characteristic of the pregnant state.

The Diagnosis and Treatment of Intestinal Occlusion and Obstruction.

M. Bulteau, in a recent thesis, carefully studies, one by one, 1st, the different symptoms which constitute the difference between an acute or chronic intestinal occlusion and other affections which are apt to simulate it; 2d, the pathological symptoms which may lead to diagnose the nature and seat of the occlusion. Among these symptoms are the conformation of the abdomen, the presence or absence of an abdominal tumor, the nature of the vomited matter, and the time when the vomiting sets in, the urinary secretion, etc. The second part contains a review of the different modes of treatment which have been used in this affection, such as purgatives, injections, abdominal massage, galvanization of the intestine, etc., and the author arrives at the following conclusions: 1st. In acute intestinal occlusion, if all other means have failed, gastrotomy must be performed. 2d. In chronic intestinal occlusion, either gastrotomy, or enterotomy, or lumbar colotomy, must be performed. If the seat of the occlusion should be in the large

intestine, without the precise spot being known, it will be found necessary to practice cæcal enterotomy. If, on the contrary, it should be in the sigmoid flexure or the rectum, either Littré's operation for enterotomy, or else Amussat's operation for colotomy, will be found to answer the purpose. In all other cases of chronic intestinal occlusion, according to Nélaton, enterotomy must be performed in the right iliac fossa.

Dr. Cosmo Logie gives, in the *British Medical Journal*, the notes of two cases where, by inversion of the body, serious symptoms of intestinal obstruction were overcome. One case, a young officer, apparently dying, on the tenth day of complete obstruction, was placed with his buttocks on a pile of cushions, his head and shoulders being dependent. In this position a copious oil and water enema was administered, and the whole abdomen was manipulated. In a few minutes the patient was relieved and out of danger. The second case was that of a gray-headed black, who was, at the time of the Indian mutiny, strung up by the heels and jolted up and down by his native doctor, with such good effect that, although the case had been pronounced hopeless by the army doctors, yet the patient followed on the march the next day.

Jaborandi in Puerperal Convulsions.

At a meeting of the Obstetrical Society of New York, Dr. Gillette related the history of a case of puerperal convulsions, in which jaborandi seemed to exert almost a specific beneficial effect. He first saw the patient late in the second stage of labor. She was suffering from intense headache, her face was flushed, her eyes were almost strabismic, and convulsions seemed threatening. Chloroform was at once administered, but just as the head passed the perineum she had a very serious convulsion, and from that passed into coma. He bled the patient about ℥ xij., but shortly after the bleeding another convulsion occurred; chloroform was renewed, and an attempt was made to establish diaphoresis, after administering a stimulating enema which produced a slight discharge from the bowels. The patient was wrapped in flannel blankets wrung from hot water, and was surrounded by bottles filled with hot water. A half drachm of the fl. ext. of jaborandi was given, and in about twenty minutes profuse perspiration appeared. Immediately upon the appearance of the diaphoresis, the patient came out of the coma. At the end of about two hours another convulsion occurred. The jaborandi was repeated, and diaphoresis was sustained for nearly twelve hours. No further convulsions occurred, and the patient gradually progressed toward recovery. About the tenth day after albumen reappeared in the urine, intense headache came on, jactitation ensued, and it seemed almost certain that another convulsion would occur. Jaborandi was administered: in about half an hour profuse diaphoresis was produced, the headache abated, the jactitation ceased, and the patient was soon perfectly comfortable. The same experience was repeated twice afterward. Dr. Gillette thought that the chloroform used at the beginning was not the curative agent altogether, for the reason that the jaborandi was so efficient when given alone, and so many days subsequent to delivery. In this case the remedy did not produce salivation.

Iodoform as an External Antipyretic.

In an article in the *Deutsche Medicin. Wochenschrift* for June 7th, Dr. Colsfeld, of Bremen, describes a case in which he accidentally found that the external application of iodoform was followed by a lowering of temperature. The subject was a phthisical patient, whose temperature had risen to 103.4° Fahr. He complained of troublesome, ill-defined pain in the left front of the chest, for the relief of which, other means having failed, iodoform collodion (having a strength of 33.3 per cent.) was applied. The next day the temperature had fallen to 98.6° Fahr., and the pain in the chest had entirely disappeared. The iodoform was then omitted, and the temperature again rose; but it fell when the iodoform collodion was reapplied, the strength now used being ten per cent. The odor being unpleasant, the patient discontinued the application for two days; but the febrile symptoms set in so energetically that he again had recourse to it, with marked relief. Dr. Colsfeld says that he did not observe any ill effects to be produced by the application of the iodoform, but he thinks that the expectoration was reduced in quantity. He does not pretend to say that the application would be useful in reducing the febrile process in the purely inflammatory affections of the lungs, pleura, peritoneum, etc.; but he suggests that it might be tried. The author refers to the observations of Binz, who found that the internal administration of iodoform had the effect of reducing the respiration, pulse and temperature, in a cat.

The Expectant Plan in Chorea.

Dr. Tuckwell, of Oxford, recites the following case, illustrating this plan (*Lancet*, July 5):—

Its duration, severe though it was, will be seen to correspond singularly with the average duration of chorea treated by all kinds of medicines, as estimated by Hillier and Sée—"about ten weeks" and "sixty-nine days."

A. C——, a boy aged 10 years, was admitted on March 31st, 1877, suffering from a first attack of chorea, which had begun three weeks before admission, without any assignable cause. No history of rheumatism could be traced, either in the boy or his relatives. The chorea was very severe and general. The cheeks, tip of the nose and lips were reddened and excoriated, from friction against the pillow and constant spasmodic movements of the lips. No cardiac murmur could be detected. Pulse 100; evening temperature 99°. The boy was placed in a large crib, well padded round with pillows. He was ordered to be fed every two hours with milk, eggs, and light puddings; a little minced meat and mashed potato to be taken twice in the twenty-four hours; no stimulants; no medicine.

April 7th. No improvement, but rather an increase in the severity of the spasms. The lips were fissured, and the cheeks and nose badly ex-

coriated. The pulse had ranged from 90 to 110, and the temperature had never exceeded 99°. No cardiac murmur had been heard, though often listened for. He had been well nursed and steadily fed. The bowels had acted, and the urine had been passed naturally.

9th. A remarkable subsidence of the choreic movements had taken place in the past twenty-four hours. There had been a natural sleep of some hours.

23d. Since the last note the chorea had steadily abated. The boy was quiet, and sleeping and eating well. He was, however, quite unable to speak, and when spoken to grinned in an idiotic manner. He was also partly paralyzed in both his legs, so that he could only move them slowly in bed, and could not stand upright. He passed his urine and fæces involuntarily. His temperature had kept normal, and his pulse had fallen to 80. Ordered to continue nourishment as before; no medicine.

30th. He was now able to hold his urine and fæces, and pass them voluntarily. He could speak, and had a more natural expression. He was regaining power in his legs. The chorea was scarcely noticeable.

On May 17th he could talk well, stand and walk about the ward with a little help; and on the 22d the chorea had disappeared. He could walk strongly, and talk naturally. He was discharged to the Convalescent Home at Heading-ton.

Duration of chorea before admission, three weeks; in hospital, seven weeks and three days: total duration, ten weeks and three days.

The Treatment of Vaginismus.

Dr. M. T. Gallard, of Paris, gives the following treatment for vaginismus (translated in the St. Louis *Courier of Medicine*): If there is redness or excoriations of the mucous membrane, I give the preference to iodoform, and formulate thus the ointment to use:—

		Grams.	
R.	Iodoformi,		
	Ol. theobromæ āā	2	ʒss
	Axungiæ recentis,	15	ʒiv. M.

If there is only pain, without any apparent alteration of the mucous membrane, I prescribe—

		Grams.	
R.	Ext. belladonnæ,	3	gr. xlv
	Axungiæ recentis,	15	gr. xlv. M.

In either case I direct to be made plugs of charpie, as small as they choose, to commence with, and in order not to frighten the patient, I charge her with the making of them, instructing her to count the threads which enter into each of these plugs, to be introduced into the vagina each night, after being anointed with one or the other of the two ointments mentioned above. If at first she uses the iodoform, she will be able, after a few days, to replace it by the belladonna, when the redness and excoriations or the eruption of the vulvar region has disappeared. Only, in either case, care must be taken to increase each day, by an imperceptible amount, but previously determined, the number of threads employed, 10, 12 or 15, for example. So we shall secure, after a time, which will never be very long, the use of a plug of such size that, after having removed it, the place may be supplied by the virile member without the substitution causing any pain." He attributes the cure in these cases chiefly to the narcotic action of the unguents applied, though not denying that there may be advantage in the mechanical effect of the dilatation also.

He utterly condemns all use of the knife in such cases, unless, possibly, when the caruncule myrtiformes are inflamed, swollen or ulcerated, when he would sometimes admit the ablation of these as a more speedy mode of cure than treatment by caustic only.

He observes that these cases are usually met with in young women newly married, or shortly after the first sexual approaches; and that they occur specially in those predisposed to hysteria and of a lymphatic temperament.

On the Duration of the Life of the Fœtus in Utero after the Mother's Death.

This question has been carefully investigated by C. Garezky, in his inaugural dissertation, St. Petersburg, 1878. He has collected 379 cases, in which the Cæsarean operation was performed after death; 308 infants were extracted dead, 37 showed signs of life, 34 were born alive; but of these, only five remained alive for some time. The author then gives a sketch of Breslau's experiments on animals, and sums his conclusions up as follows: 1. The fœtus undoubtedly survives the sudden death of the mother. 2. If it can be extracted in the course of the first six minutes, it may be born alive. 3. Six to ten minutes after the mother's death the child may still be alive, though slightly asphyxiated. 4. Ten to twenty-six minutes after death the infant is highly asphyxiated. 5. In a great many cases the infants are either highly asphyxiated or dead after the first minute. 6. The shorter the time is which elapses between the cause of the mother's death and the ceasing of the cardiac action, the longer the fœtus remains alive. 7. If the mother's death have been caused by some quickly acting poison, the chances for the child's life are greater than when it has been brought on by some other cause.

Iodoform in Chancres.

Dr. A. Sheen writes to the *Practitioner*:—

Mr. B. Hill, in his "Student's Manual of Venereal Diseases," published recently, says: "All chancres are best treated with iodoform: under its use healthy sores heal rapidly, creeping sores generally cease to spread, and sluggish ones take on healthy action." My own experience supports this statement most fully. I cannot explain the manner in which it acts, but that it does have a most remarkable effect in promoting the healing, not only of ordinary chancres, but of many other sores, I can have no possible reasonable doubt. It is what I might call a reliable remedy, and often saves one a deal of trouble. Its effects seem almost magical. You sprinkle a little of the crystals, powdered or unpowdered, over the sore, cover it with a bit of dry lint, or vaseline spread on lint,

and at your inspection next day you find that healing has progressed rapidly, the sore has filled in considerably if it is a deep one, there is but little discharge and no smell, and you have only to repeat the dressing, and so go on from day to day until healing is complete. The relief from pain is often remarkable.

The Use of Atropia in Tetanus.

In the *Lancet*, July 12, Surgeon D. H. Cullimore describes the case of a soldier who had his great toe mashed by a horse, and amputated. Symptoms of tetanus followed. Surgeon C. proceeds—

As this was the fourth case that came under my notice in the space of six months, one of which was treated with chloral, and the others with hypodermic injection of atropia in combination with morphia, and as all three terminated fatally between the ninth and twelfth day, I felt convinced that chloral would prove a failure, and, judging from the physiological effect of morphia and atropia, which are the reverse of each other, at least in so far as their action on the pupil is observed, I determined to try atropia alone, more with the object of noting its action than with any but a vague hope that it might be the means of preventing a fatal issue. On the first appearance of the symptoms one-sixtieth of a grain of atropia was injected hypodermically over the dorsal spinal region, and was repeated three times daily. On the morning of the second day one-fortieth of a grain was injected every four hours, and continued for six successive days, till the spasms had entirely ceased, and the stiffness disappeared from all but the muscles of the neck and face, which, as they were the first to become affected, continued longest under the influence of the disease. On the eighth and ninth days the dose was reduced to one-sixtieth of a grain twice a day, and subsequently reduced to one-sixtieth of a grain at night, for a further period of two days, ending on the evening of the eleventh day from the commencement of the disease, when the patient, though not yet cured, was well out of danger and in a fair way to recovery.

I should have mentioned that the bowels were constipated throughout, and were acted upon by four grains of calomel, with forty grains of compound jalap powder, administered every other day, and that after each evacuation the patient invariably expressed himself "much lighter" and relieved.

Under the influence of tonics and nourishing diet, with an occasional purgative, such progress was made that on the twenty-sixth day from his admission into the hospital, and on the twenty-first from the manifestation of tetanic symptoms, the man was discharged. During his stay in the hospital, and within the space of nine days, two grains of atropia were introduced into his system, which caused neither dilatation of the pupil nor any continued increase of temperature; in fact, there was no ascertainable physiological action, with, perhaps, the exception of drowsiness and slight occasional hyperæsthesia of the surface, which I am now more inclined to connect with the disease than the remedy.

On Traumatic Ruptures of the Heart.

In considering these injuries, M. Terrillon, in *Le Progrès Médical*, states that fractures of the ribs, driving inward of the sternum, and the penetration of missiles, are the ordinary causes of traumatic cardiac ruptures; three sorts of lesions may be thus produced:—

1. More or less extensive rupture of the cardiac walls, with death rapidly ensuing.

2. Contusions and ecchymoses of the heart's muscle; these, at certain parts of the organ, do not seem to exert any influence on its movements.

3. An internal rupture of a valve, of the cords, pillars, or even the septa, may take place. These lesions may for a certain time leave the functions of the heart intact.

The following cases are brought forward:—

1. Prescott Hewett. The patient was twelve years of age, and died four hours after a fall. An examination showed an ecchymosis, and slight tear.

M. Terrillon considers the mode in which these ruptures are brought about. If the injury is received during the systole of the heart, the state of contraction predisposes the rupture to take place at the point struck, probably the ventricular wall, but the shock, if of sufficient force, may also be communicated to the pillars and septa, and cause there, also, a solution of continuity. If the force be applied during the stage of diastole, the cavities of the organ are filled with blood and communicating, so that the eccentric compression would produce a tear in the resisting valves or the septum; hence a rupture of these parts, with no, or at most very slight, traces of an ecchymosis of the cardiac walls.

Poisoning by Veratrum Viride.

This subject, recently quite fully discussed in this journal, receives additional light from an account by M. Thiery, in a French veterinary journal, quoted in the London *Medical Record*, of July 15.

Two cows and a mule ate a quantity of fresh veratrum viride. Both cows died, one in two, the other in four, weeks. The symptoms were diarrhœa, with violent straining, by which, three or four days later, only a little blackish, glairy matter was expelled. The abdomen was inflated; the animals were very much depressed at times; the pulse, up to the end, was slow, weak, and intermittent. The pulsations of the heart were feeble, and after five or six pulsations the heart generally stopped beating for a time, equivalent to a pulsation and a half. The animals grew gradually, but persistently, thinner; milk was secreted up to the last day, but in very small quantities. At the post-mortem the following changes were found in the bodies. A few red spots in the small intestines, an ecchymosis, with several ulcerations, near the pylorus, and numerous ecchymoses in the heart, especially in the left ventricle, beneath the endocardium and pericardium. The other organs were healthy, but it is very much to be regretted that the nervous system had not been examined.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. W. J. Hoffman has published, through the Department of the Interior, U. S. Geological Survey, a study of a skull found in the Chaco Cañon, New Mexico, belonging to the ancient race of cliff dwellers. It is an interesting contribution to ethnography.

——The precautions requisite in the administration of ergot, is the subject of a reprint by Dr. J. W. Compton, Evansville, Indiana. We do not notice among the contraindications he specifies any that have not already been urged by previous writers. No doubt the drug is sometimes given when it does more harm than good.

——The report of the Board of Health of the city of Reading fills an octavo of 100 pages. It is carefully prepared, and highly creditable to the Board and its President, Dr. W. Murray Weidman. Much complaint is made of the lethargy of the city officials in carrying out sanitary recommendations.

——The North Carolina State Board of Health has published in convenient pamphlet form a series of directions for performing post-mortem examinations. They are adapted from the German regulation of 1877, and prepared by Dr. Thomas F. Wood, Secretary of the Board. By many they will be found useful and complete.

——Dr. J. W. Singleton, in a reprint from the St. Louis *Medical Journal*, pays a well merited tribute to the brave and ill-fated physicians who fell before the epidemic of yellow fever in the Southwest last year. It is entitled, "Medical Heroism of 1878." He ought to have added a full list of their names, and place and date of death.

——In an interesting paper by Dr. Swan M. Burnett, of Washington, D. C., he gives the results of an examination of the color sense of 3040 children in the colored schools of the District of Columbia. It appears that the colored race is less liable than the whites. Magnus found in 3273 white boys 3.27 per cent. to be color-blind; while Burnett, in 1319 colored boys, ranging from full-blood black to three-fourths white, only 1.6 per cent. color-blind.

——The *Transactions* of the South Carolina Medical Association, twenty-ninth annual session, April, 1879, make up a pamphlet of eighty odd pages. It contains the minutes of the proceedings at the session, and in an Appendix a number of scientific papers read before the Association. Those of most general interest are Dr. T. G. Simons' "Observations on the Yellow Fever Epidemic of 1878," and Dr. Francis L. Parker's "Statistics of 131 Cases of Stone in the Bladder in South Carolina."

——A study of the limit of perception of musical tones by the human ear, is to be found in a reprint by Dr. Laurence Turnbull, of this city. His original experiments prove that increasing age surely diminishes the acuteness of perception of tones. This diminution, he believes, is not due simply to senile thickening of the membrana tympani, but also to a gradual narrowing and change of shape in the auditory meatus, together with alterations in the middle ear, diminution of conducting power of the bones, and diminished susceptibility of the auditory nerve, incident upon advancing years.

BOOK NOTICES.

Summer and its Diseases. By James C. Wilson, M.D. Philadelphia, Lindsay & Blakiston. Price 50 cents.

This is one of the American Health Primers, and comes a little late to be seasonable, but welcome for all that. It contains a great many suggestions that the public can profitably read and remember. At the same time, it perpetuates certain faults almost always found in this class of books. To illustrate: of what earthly use is it to tell the public that in diarrhœa the treatment is "simple evacuant remedies, such as castor oil with rhubarb, or, if there be any acidity of the matter vomited or the stools, rhubarb and magnesia, followed by astringents, such as bismuth, chalk mixture and brandy, or pepsine," etc. Either give specific directions or omit the topic altogether. Such vague generalities can do no good and may do harm. These useless directions are frequent in the book. We mark one rather amusing error for a writer who discourses so enthusiastically of the country. He attributes hay asthma to the pollen of the field corn, which he informs us (page 132), in the neighborhood of Philadelphia, comes into tassel about August 17th–23d! We suspect the author resembles the poet Thompson, writer of "The Seasons," who described so eloquently the sunrise, but was accused of being so indolent in the mornings that he never saw it.

The series of Primers is, we understand, achieving considerable popularity, and their merit is entitled to it.

THE

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D. G. BRINTON, M.D., EDITOR.

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THE NATIONAL BOARD OF HEALTH AND ITS DUTIES.

The National Board of Health has had the usual difficulties to contend with which every far-sighted and philanthropic scheme must encounter from well meaning ignorance and deliberate jealousy.

At first there was a great howl on its supposed infringement of "State rights." A certain class of American politicians have never learned the moral of the fable of the bundle of sticks—that strength is in union, not in segregation.

From fearing that the Board would do too much, there was a sudden bound to the opposite conclusion, that it would do too little, or nothing at all. It was applied to, to perform the work of State and municipal authorities, even to pay for doing their work; and when it pointed out that such was not its sphere of action, it was abused. The newspapers said it did nothing but print manifestoes and magnify its own greatness. The Board publishes a weekly bulletin, and this became a large stone of offence to the public press, as the reporters and correspondents seemed to think that was stealing their thunder.

Then, *quarantine*, that ugly word, brought on the Board a cartload of obloquy. It was asserted that their projects would lead to the destruction of commerce, and little short of the ruin of the nation. Nobody rightly knows what quarantine means, as its significations are various. therefore, it is at all times an alarming word, calling up visions of forty days' detention in pest-houses and infected ships.

More recently the daily editor has discovered that the Board sends out various inspectors, that it pays their traveling expenses, and even a salary besides, and this it regards as a turpitude of a flagrant description, and a sad instance of squandering the public money. How the Board could employ any better or surer means of obtaining accurate and prompt information has not been suggested.

Partly to enlighten the public on the precise position of the National Board, and especially as to its relations to local boards. the Vice President, Dr. JOHN S. BILLINGS, has written an open letter to the Sanitary Council of the Mississippi Valley. We make an extract from it:—

"It is the duty of the State and local health authorities to take the initiative in adopting rules and regulations for preventing the spread of contagious diseases. The National Board of Health has made certain recommendations for such rules, which it has printed and placed in your hands. These recommendations should be taken as indicating the minimum amount of precaution to be taken. A State or local authority may make more stringent rules than these, and if they are too stringent, even to absolute non-intercourse, this board has no power to interfere. It is only when a State or local authority refuses to take even the precaution considered indispensable by this board that we can take action legally in the matter. In the next place, I would observe that this board is not expected to do all the work of prevention, nor to pay for the doing of such work. The State and local boards should first do what they can, and then we can come to supplement their efforts—to aid and coöperate—in the terms of the law. It is, therefore, the duty of State and local authorities to keep the National Board of Health fully informed on the following points, namely:—

"1. As to what rules and regulations they have adopted.

"2. As to how far they can carry out the rules and regulations.

"3. As to what aid they think it is necessary that the National Board shall furnish, in order

that proper rules and regulations may be enforced. With regard to this request for aid, details should be given. This board cannot place money in the hands of a local board to be expended at the discretion of the latter. It must be known what the money is to be used for; whether for the hire of inspectors or police, for the purchase of disinfectants, for the erection of sheds, for the purpose of establishing local quarantine, etc."

These statements are so clear that we should suppose they would prevent any clashing between the national and local Boards.

HOW SOME "DIRTY SHILLINGS" ARE MADE BY THE PROFESSION.

A physician carries on his profession for the benefit of himself and family in the first instance, and it is proper and honorable in him to make as much money out of it as he honestly can. There are, however, certain practices which are pursued, more or less, in different parts of the country, which cannot be approved by a sound moralist; and the proof that they are known to be contrary to a safe doctrine is, that they are always conducted with an endeavor at secrecy. Several of these we shall proceed to mention.

It is notorious that certain retail drug stores in this and other cities offer practitioners a percentage on prescriptions which are made up at their counters; and it is well known also that not a few practitioners take advantage of such offers. In fact, they go further, and throw all their influence against stores where they will not be paid this percentage. Yes, we have even had reported to us, in this city, compacts made between physicians, and prominent ones, too, holding official positions in the profession, and a particular druggist, by which patients were forced to buy of this druggist only, through the use by the physician of private formulæ, known only to these parties. The charge to the patient was excessive, and the discreditable plunder thus obtained was divided between the two thie— we mean the two gentlemen.

Another plan to fleece patients has been devised by the enterprising managers of establishments devoted to surgical treatment or to the care of special diseases, as cancer, etc. These managers, who always sport the title of M.D., send circulars widely among the profession in rural districts, claiming that their establishments are admirably supplied with everything needful, and are of real benefit to most patients; and having, by these statements, and numerous testimonials, allayed doubts as to their standing, they offer a percentage on the payments made by any patient the doctor will send to them. It is in this way that many of these "institutes" manage to pay their rentals and clear a handsome profit; they suborn the regular profession by money unrighteously drawn from confiding sufferers.

How such "arrangements" are regarded by the law, is illustrated in a case recently before the court at Manchester, England. It was brought to light that a doctor made it a point to send as many persons as he could to a particular dentist to have their teeth operated on; and that for this service the dentist remunerated him with a percentage on the proceeds derived from these cases. This does not seem like an aggravated case at all, inasmuch as there was no evidence that the patients were charged above the ordinary fee; nevertheless, the judge stigmatized it as "monstrous," and discreditable to professional men.

It does not seem to us that the professional conscience in this country is sufficiently sensitive to the impropriety of making money in this way. It is improper, because it is deceitful and unfair. No physician would dare tell a patient that he was to get such a commission. The patient expects to receive advice of a wholly disinterested kind when he asks what drug store to buy his prescription at, or what establishment to patronize. In common trading such commissions are usual, and everybody knows it; but in the professions they are discreditable, and should be unknown.

Physicians have much to say of the impropriety of druggists prescribing for the sick; of their repeating prescriptions without authority; of their putting up and selling proprietary medicines; of their vending adulterated medicines: and various other tricks of the trade; but to our minds the druggists could often make strong

points against the greed of the physicians to obtain percentages, the frequent unnecessary prescribing of compounds, their dispensing and sale of medicines in their offices, and other practices not more praiseworthy. Let us try to remove this beam from our own eye before we become pressingly anxious to extract the mote from the optic of the druggist.

Notes and Comments.

Therapeutical Notes.

AGARIC IN NIGHT SWEATS.

Professor Peter says, in his lectures on the treatment of tuberculosis, that agaric is one of the most efficient drugs for curing the debilitating night sweats of tuberculosis. This use of the drug is not new; it was first mentioned by Andral, according to the U. S. Dispensatory. The dose is from 20 to 30 centigrams.

IODOFORM OINTMENT IN GONORRHŒAL ORCHITIS.

Dr. Alvarez recommends—

R.	Iodoform,	1 to 2 parts	
	Lard,	30 "	M.

To be rubbed into the testicle. It relieves the pain in the course of an hour or two, notably abridges the duration of the orchitis, prevents consecutive induration, and does not induce salivation, like mercurial ointment. For it may be substituted elastic collodion, containing from two to six parts of iodoform to thirty of collodion.

FORMULA FOR GUAIACUM.

The repulsive flavor of this drug can be partly overcome by using the following formula, suggested by Mr. Balmanno Squire, of London:—

R.	Tincturæ guaiaci,	℥ ss-j
	Glycerinæ,	℥ j-ij.

If the tincture is prepared from pure rectified spirit, the above mixture will be free from cloudiness.

PURULENT CONJUNCTIVITIS OF THE NEWBORN.

The Parisian treatment is thus described by a correspondent of the *Southern Clinic*. Reverse the conjunctivæ and apply twice daily—

R.	Argenti nitratis,	25 centigrams	
	Aquæ destil.,	10 grams.	M.

Neutralize the above immediately with—

R.	Sodii chloridi,	3 grams	
	Aquæ destil.,	10 "	M.

Drop thrice daily into the eye the following collyrium:—

R.	Atropiæ sulphatis,	2 to 5 centigrams	
	Aquæ destil.,	10 grams.	M.

Apply linen compresses, dipped in ice water, to the eyes. to be continued both night and day for several days. The compresses should be held in their position on the eyes by a bandage, to prevent the constant motion of the child from removing them.

ERYTHEMA AND PRURITUS VULVÆ.

For these affections Dr. Braun-Fernwald, of Vienna, recommends—

R.	Unguenti petrolei,	5 grams	
	Unguenti cetacei,	3 "	
	Zinci oxidi,	3 "	M.

An ointment for local use.

Does a Chancre Necessarily Precede Syphilis?

This question is answered with a decided negative, by Dr. Martin P. Scott, in the *Southern Clinic*. He believes in direct absorption without resultant sore, arguing as follows:—

"With the secretions of the vagina the penis comes in contact again and again, being in a state of high vascular and nervous excitement. Could there be more favorable conditions for absorption if the mucous membrane or delicate covering of the penis is an absorbent surface without abrasion, of which there can be no doubt. If absorbed, will there necessarily be a chancre on the absorbing surface? I think not.

"Most cases of syphilis, I believe, are transmitted to women by men who have no syphilitic sore on the penis. My opinion is based upon the idea that men with sores on the penis are in no condition for the amatory collision, and none but a brute would, under the circumstances, imperil even a strumpet. It is through the infected secretions that parties are, for the most part, contaminated. Nor is it necessary that a sore or chancre should be the consequence of infection.

Euonymin as a Purgative.

A correspondent of the *British Medical Journal* writes—

I have administered euonymin extensively during the last few months, both in hospital outpatient and private practice, and have been enabled to note its action in over fifty cases. In many instances I gave it alone, as a two-grain pill at bedtime, and invariably found it to act as a purgative, though tardy in its action and apt to cause griping. My usual plan now is to give two grains at bedtime for two nights running, following it each morning with a saline purge. I found that in most cases one dose was not sufficient. The saline purge entirely does away with the unpleasant symptoms of griping.

I consider euonymin a most valuable remedy in all cases of biliary derangement, sick head-

ache, etc. I like it better than any drug I have before given for these disorders. I have not in a single instance noticed that depression which was said to follow its action.

Microscopical Appearance of Fur from the Tongue.

In a recent number of the Proceedings of the Royal Society, Mr. Butlin has a paper on this subject. He says, in every case in which there is fur on the surface of the tongue, schizomycetes are found; and Mr. Butlin even observed "a little of the glœa where no fur was perceptible to the naked eye." Thin gray fur resembles the thin gray pellicle which forms on bacterium-producing fluids. This pellicle becomes white and more opaque as it grows thicker; the fur on the tongue undergoes the same changes when deposited in unusual abundance. After cultivating portions of fur on a warm stage, several fungi were discovered, two constantly present, and these were *micrococcus* and *bacillus*. In all the author's experiments, the development of *micrococcus* went on freely during cultivation, excepting in one instance, when "so rapid a formation of *bacterium termo* took place that in the course of a few hours the whole of the fluid was clouded and obscured by its presence."

The Prevention of Infantile Ophthalmia.

A writer in the *British Medical Journal* advises as follows, in order to prevent the ophthalmia of new born children:—

The instant the head is born, and before the child has time to open its eyes, I wipe away from the eyes every trace of moisture. In this way the entrance upon the conjunctiva of all acrid discharge from the vagina is prevented. I have attended to this point in hundreds of cases, and have never known it to fail; while, in the same period, ophthalmia has repeatedly occurred in those cases where the child has been born before my arrival. Carefully to wipe the eyes of the child at the earliest possible moment has now become with me so much a point of routine that I never omit it, even in forceps cases, or in the uncommon presentations, and the result is the absence of the disease alluded to.

A New Vegetable Neurotic.

The barks of one of the *Apocynaceæ* the *Aspidosperma quebracho*, a native of Brazil, has been found by Dr. Penzoldt, of Erlangen, to be quite useful in dyspepsia depending on emphysema, bronchitis, phthisis, pleurisy, etc. A teaspoonful of a solution was given two or three times a day. The most marked objective phenomenon after its exhibition was a reddening of the previously cyanosed or livid tint of the lips and face. The respirations generally became deeper and less frequent, and the patients expressed themselves subjectively much relieved. The first feeling after taking the drug was one of warmth in the head; many said that they had less desire to cough, and that they found expectoration easier. Occasionally sweating occurred, and in some cases abundant salivation. No bad effects were noticed.

Correspondence.

The Decimal System.

Ed. Med. and Surg. Reporter:—

The idea of simplicity in the decimal system as applied to medicine has not been sufficiently illustrated. Look at it a moment. Call grams dollars, parts of grams cents, and nothing can be plainer. To translate the old system into the new, all we have to do is to remember that one grain or one minim equals 06, or six cents; one dram equals 4.00, or four dollars: one ounce equals 32.00, or thirty-two dollars. Now, let us do a little translating:—

	Old System.			New System.
℞.	Strychniæ sulph.,	gr.j	=	06
	Sacch. alb.,	ʒ ij	= 8	
	Acid acetic,	gtt.ij	=	12
	Aquæ dest.,	ʒ ij.	= 64	
℞.	Potassæ acetat,	ʒ ss	= 16	
	Sp. æth. nit.,	ʒ ij	= 8	
	Tinct. aconit. rad,	ʒ j	= 4	
	Syr. aurantii cort.,	ʒ j	= 32	
	Aquæ cin. q. s. to make	ʒ iv.	=128	
℞.	Hydrarg. chlor. mit.,	gr.xx	= 1	20
	Camphoræ pulv.,	gr.x	=	60
	Opii pulv.,	gr.xvi	= 1	
	Glycyrrhizæ pulv.,	ʒ j.	= 4	M.

Divide into 20 parts.

Surely, no one possessing ordinary reasoning powers can be puzzled with this matter. Grains xvj can be written 1 | or | 96, the slight difference being non-essential.

The Oregon State Medical Society, at its recent meeting, unanimously approved of the decimal system, and requested its members to put it into immediate practice. Certainly nothing but indifference, stupidity or obstinacy stands in the way of the new system. I hope no physician will risk being charged with either of those imperfections.

Another idea. Suppose the meter is not mathematically the forty millionth part of the earth's meridian, who cares? All we want is a uniform rule; it matters not whether that rule be three feet or six feet. The unit is nothing. All we want is the decimal system of multiplying and dividing that unit, whatever it may be.

Canyonville, Oregon. C. H. Merrick, M.D.

Neuralgia—Importance of Treating the Paroxysm.

Ed. Men. and Surg. Reporter:—

Any treatment of neuralgia that does not take into prominent consideration the paroxysm, must be, to a greater or less extent, futile. Pain exhausts and depresses the vitality to such a fearful degree that it must be checked at all hazards. Especially is this true of those cases in which the neuralgia depends upon a depraved and weakened condition of the general system. I would not detract one jot from the recognized importance of the general treatment, but would simply emphasize the importance of quelling the paroxysm of pain at its very invasion. If the neuralgia depend upon a diseased tooth, for instance, it would be unpardonable folly to content ourselves with a prompt subduing of the pain, while permitting the tooth to remain. The treatment of the attack proper, and the general treatment, are necessarily and thoroughly complimentary to each other.

Generally speaking, there seems to be a tendency among practitioners to practically ignore the treatment of the paroxysm in their management of the various forms of neuralgia. Many seem never to have realized to themselves the real worth of prompt relief in such cases as the instance in question. The very first thing to be done when called to a neuralgic patient who is being racked with agony, is to employ the most decisive means at our command. The patient is not only unspeakably grateful for such telling interference, but a vast expenditure of vital force is prevented.

To lay stress upon this point may seem to some like attempting to prove an axiom; but I know whereof I speak when I say that the importance of this matter is greatly undervalued in actual practice.

Among the various remedial agents which have been used for this immediate treatment are morphia, atropia, inhalations of chloroform, aconite, Indian hemp, hyoscyamus, conium, bromide of potassium, etc. Some of this list, morphia and atropia more especially, are not merely efficient in rapidly allaying pain, but are positively curative in their action. To this fact we have the testimony of such high authorities as Bartholow, Hammond and others.

Dr. Hunter has ascertained that atropia, hypodermically injected, in sufficient quantity ($\frac{1}{60}$ to $\frac{1}{30}$ grain), has a permanently beneficial influence in tic-douloureux and sciatica. While Dr. Anstie has stated that the same remedy is particularly useful in peri-uterine and dysmenorrhœal neuralgia. Again, morphia, the most widely used of the foregoing agents to several varieties of neuralgia, may be administered (hypodermically, of course) with confident prospects of lasting good. I have recently administered it in tic douloureux, with excellent curative effect. It would seem entirely superfluous to here offer even a word of caution as to the danger of the morphia habit. A little good whisky will, in some cases, frequently abort an attack, as I have seen abundantly verified.

We are well aware, however, that many of these agents have their drawbacks; but these are insignificant when weighed in the balance with the prostration and physical depression incident to an unallayed and violent neuralgic paroxysm. Atropia, though its effect in alleviating pain is more enduring than that of morphia, has attendant upon its action hallucinations, and occasionally delirium; and this, too, when given in legitimate doses. Attendant upon the action of morphia are frequently a persistent nausea and itching of the cutaneous surface (but we must remember that this nausea frequently occurs in the course of an attack of neuralgia, even when morphia is not exhibited).

Then again, following in its wake are some very unpleasant cerebral and other effects. These, as was first shown by Bartholow, may be prevented, or at least alleviated, by a full dose of bromide of potassium. As is well known, however, the ill effect of each of these drugs (morphia and atropia) are very largely counteracted when used in combination. We find now and then a case where morphia not only fails to afford any relief, but really intensifies the agony of the paroxysm. Tanner says in such instances he finds no remedy so valuable as a mixture of atropia and arsenic (gr. $\frac{1}{60}$ of the former to $\frac{1}{30}$ of the latter), used hypodermically.

Any, or indeed all, of the objections and ill effects incident to the administration of remedies to cut short the paroxysm, we repeat, do not form the slightest argument, in the face of facts, against the course of treatment above advocated. And the physician who will be rewarded by the best results in the management of neuralgia, especially where the attacks are violent, is the one who decisively acts upon the importance of arresting the paroxysm. J. W. Hickman, M.D.

1945 *N. 11th St., Phila.*

Corporal Punishment.

Ed. Med. and Surg. Reporter:—

My attention has for a number of years been called to injuries caused by occasional cases of too severe, or recklessly executed, punishment of school children. Foremost educators, while not believing it expedient to prohibit corporal punishment, acknowledge that injury, injustice, and sometimes death even, do now and then occur from its use. These serious results may arise from fright, or from concussion of the brain, produced my merely jerking the child about, or—the most frequent cause—inflicting the punishment upon the child's head. I have known death to occur solely from the fright, although fatal results cannot likely arise except from immediate blows upon the head.

No one form of punishment is so dangerous as boxing the child upon the ear. Not only is injury to the organ of hearing often produced, but inflammation of the brain frequently follows, and death has been the result.

In the family, this matter of injurious methods of punishment is not by any means beyond our influence, if we will but take pains to inform people upon the subject.

If corporal punishment is allowed at all in schools, its use ought to be carefully guarded. No teacher should be allowed to punish a child by rudely jerking it about, by striking it any-

where upon the head, or with any instrument whatever, except it be flexible and with smooth edges. These requisites are best fulfilled by a rubber strap with rounded edges. Moreover, no punishment should be permitted except it be inflicted in the presence of a principal, another teacher, or a school trustee, as a salutary check upon undue temper or excitement. Every case of corporal punishment should also be reported in writing to the Board of School Trustees, stating the offence of the pupil and the manner and severity of the punishment. I have known the above rules adopted by a board of school commissioners to reduce the number of cases of corporal punishment eighty-eight per cent. in one month, and the schools continued meanwhile even more orderly and satisfactory than before.

I am about collecting statistics of serious and fatal injuries caused by corporal punishment, and I write this article to request all the readers of the Medical and Surgical Reporter to forward to me statistics and history of all cases that may have come to their knowledge. State the date, place, name of child, character of punishment, and its results; also the offense for which the punishment was inflicted. Add other points, history, etc., if time and inclination suggest. I urge all to give the subject the little attention needed, to write me the main facts, at least, of all cases they have known, and thereby make the report more valuable. The information thus obtained I will communicate through this journal.

Bloomington, Ill. B. P. Marsh, M.D.

[The above is timely. We have had within the last six months two cases of partial deafness under our care, both distinctly traceable to punishment by "boxing the ears."—Ed. Reporter.]

Malarial Fever.

Ed. Med. and Surg. Reporter:—

In the early stages of the ordinary forms of malarial fever it is always safest and best, from the infant up, consulting individual peculiarities, in chill, fever or sweating stage, to use without delay a combination of calomel, opium (or ordinarily I prefer it in form of Dover's powder, made with chlorate instead of sulphate of potash) and quinine or cinchonidia (I tested the cinchonidia from July 1st till November 1st, 1878, in 1500 cases of malarial fever, and in proportion of five to four of quinine, found it equally efficient).

℞. Calomel, grs. v–xv
Pulv. doveri, grs. xv
Cinchonidiæ sulph., grs. xxiv. M.

Make eight doses for an adult.

Sig.—Give one every three hours till fever subsides, in capsule or tissue paper.

This course may be steadily pursued from forty-eight to ninety-six hours, if required. On the subsidence of the fever continue cinchonidia, in three-grain doses, for forty-eight hours. If found in the intermittent stage, with but little time to go on, give all your medicine at one dose. If the stomach is very irritable, give a decided hypodermic of morphia, and go on with the preceding treatment so soon as the effect of morphia is decidedly felt; repeat at once any dose that may be vomited. If symptoms are threatening, and time is short, give a full mercurial and hypodermic of morphia, to be followed in fifteen minutes by from two to twenty grains, hypodermically, of a neutral solution (prepared with diluted sulphuric acid) of quinine, sixty grains to the ounce of water. If the attack be of a congestive character, which will rarely happen if it has been possible to pursue the course indicated, use the same combination in large quantities. If the brain be threatened, or the congestion be prolonged, bleed freely, so as to restore the equilibrium and hasten the possible action of the internal or hypodermic medication. In the hemorrhagic variety, dropping entirely and through all the treatment opiates in any form, the same course must be followed, only adding here that in this variety, where the mercurial action is most urgently required, it may be hastened by triturating the calomel, for at least ten minutes, thoroughly with brown sugar. During all the forms a saturated solution of chlorate of potash is freely used, to which may be added, if the tongue is flabby and indented, a teaspoonful of bicarbonate of soda to the tumbler of potash solution; of this one tablespoonful may be given hourly during the day. Finally, as a tonic, to assist, I have never found anything more efficient to build up than—

℞. Tinct. ferri chlorid., f. ʒ v
Fld. ext. nucis vom.,
Acid nitro-muriat.,
Liq. potass. arsenit., āā ♏e.

Mix slowly (fifteen minutes) in mortar. Tie down cork.

Sig.—Take twenty-five drops after each meal, in half a glass of water.

For the first fourteen days after relief from fever, take with each dose of this two grains of cinchonidia. After that use full doses of the antiperiodic on the recurring days. Continue tonic as required. A faithful pursuit of the above plan will certainly give about the best attainable results. Edward H. Sholl, M.D.

Gainesville, Ala.

Hypodermic Injections in Cholera.

Ed. Med. and Surg. Reporter:—

I noticed an article in the last number of your journal calling attention to the great value of hypodermic injections in cholera morbus. It may be interesting to know that this plan has met with great success in the treatment of Asiatic cholera, and is now widely used in the East. Dr. Charles M. Fisher, late of New York, now enjoying a large practice at Nagasaki, Japan, told me a few weeks since, during my visit to that country, that he treated all his cholera cases—and a year never passes without many of them—with the administration of a large hypodermic injection of morphia, either alone or associated with atropia, and that if the injection could be given as soon as the first symptoms were manifest the cases invariably recovered. Dr. Fisher's large experience and

emphatic expression of his opinions on this subject are worthy of attention.

J. M. Keating, M.D.

Philadelphia, August 16th.

News and Miscellany.

The Yellow Fever.

The steady progress of the epidemic in Memphis has been less startling than last year, but for all that, sure and fatal. From 20 to 30 new cases daily, in a town so depopulated as Memphis now is, and where of those that remain so many are protected by previous attacks, is indicative of a potent and concentrated infection. Of other towns, Corinth, Miss., has had one or two cases. Mayersville, Miss., is also reported as suffering. It has been very properly decided to continue perfecting the system of isolation of Memphis, under the rules of the National Board of Health, which have already given such good results; to use every possible means to induce the negroes, who constitute the main source of danger in Memphis, to move into camps, and thus deprive the fever of material to work on; to secure the isolation of cases and affected houses, blocks and districts, and to effect this by combining as far as possible the resources of local, State and national boards with those of the Howard Association and of the taxing district and county authorities, and thus limit the spread of the disease.

Dr. W. L. Coleman, of San Antonio, Texas, who was ordered by the National Board of Health to investigate the origin of the yellow fever prevailing in Memphis, has been at work for a month past, and his investigations convince him that the germs were imported direct from the West Indies, and that they passed the New Orleans Quarantine unchallenged, and arrived in Memphis some time in June. The Howard Association had last week 207 nurses attending 196 families, 120 of whom are whites and 76 colored. Their expenses daily aggregated $900. The total deaths from yellow fever for the week ending at 6 P.M. Saturday, August 16th, were 46; to that date, 139.

A Victim of the Quinine Speculators.

Dr. D. J. Roberts, of Nashville, pays us his compliments in the last number of the *Southern Practitioner*, for what we have said on the quinine question. He has discovered that we have been paid by the quinine manufacturers to advocate the repeal of the duties on quinine and bark! Few discoveries of his can equal this. As for the terms in which he announces this discovery, they are such as we expect in the *Southern Practitioner*, the strong point of which has always been its supremacy in Billingsgate.

We pardon Dr. Roberts for his charge against us. We shall not use the *tu quoque* argument. We do not believe Dr. Roberts was paid by the drug sharps of London and New York; he was simply one of their tools, the catspaw they used to pull their chestnuts out of the fire; and we suspect his rage at us is because he is waking up to this not pleasant fact. We pity him.

Organization of the U. S. A. Medical Department.

According to the Act passed by the last session of Congress, the Medical Department of the Army will hereafter consist of one Surgeon General, one Assistant Surgeon General, one Chief Medical Purveyor, four Surgeons, with the rank, pay and emoluments of Colonels, two Assistant Medical Purveyors, eight Surgeons, with the rank, pay and emoluments of Lieutenant Colonels, fifty Surgeons, with the rank, pay and emoluments of Majors, and one hundred and twenty-five Assistant Surgeons, with the rank, pay and emoluments of Lieutenants of Cavalry for the first five years' service, and with the rank, pay and emoluments of Captains of Cavalry after five years' service.

Results of Treatment in Vienna.

There is strong reason to believe that the modern treatment of disease in Germany has greatly deteriorated since the days of Niemeyer. Theorizing, histology and diagnostic refinements have taken the place of the effort to cure disease by rational empiricism. Witness the next to worthless therapeutics in Ziemssen's *Cyclopædia*. A Vienna correspondent in the Canada *Medical and Surgical Journal* gives some striking statistics. In Bamberger's clinic, of 27 cases of pneumonia, 17 died; 24 per cent. of all cases of typhoid fever die; facial erysipelas is "frequently fatal," etc. We do not believe that the case book of the average American physician shows anything like this mortality; and our city hospitals certainly do not. It looks as if medical science in Germany was running to seed.

The Season Abroad.

England has been having an unprecedentedly cold, wet and stormy summer; nevertheless, the public health has been good, and the mortality unwontedly low. In Switzerland the South wind, the *Fohn*, has been steadily blowing, causing heavy floods and much dampness, interfering greatly with pleasure and health seekers. Neither the high resorts, as Davos, nor the low ones, as the Riviera, Nice, etc., report so well on last spring and winter as usual.

Items.

—A Constantinople dispatch says: Some cases of Asiatic cholera are reported here, but they are believed to be sporadic.

—The Atlantic City *Review* is authority for the statement that Dr. Rockwell, of Aiken, South Carolina, contemplates the establishment of a sanitarium at Atlantic City.

—The New York artist, Mr. F. B. Carpenter, has finished a nearly full-length portrait of Dr. Crawford W. Long, late of Athens, Ga., who used ether to destroy pain in surgical operations March 30, 1842, nearly three years before Horace Wells discovered that nitrous oxide gas was also an effective agent to produce a similar result, and more than six years before Sir James Y. Simpson demonstrated that chloroform was as effective.

American Otological Society.

At the annual meeting of this Society, held in Newport, R. I., July 22d, the following officers were elected for the ensuing year: President, Dr. A. M. Buck. Vice President, Dr. Charles H. Burnet. Secretary and Treasurer, Dr. J. J. B. Vermyne. Publication Committee, Dr. J. O. Greene, Dr. Clarence J. Blake, and Dr. Vermyne. Committee on Membership, Dr. George Strowbridge, Dr. H. D. Noyes, and Dr. C. J. Blake.

Personal.

—Dr. Alban S. Payne, of Markham, Fauquier Co., Va., has been elected Professor of Theory and Practice of Medicine in the Southern Medical College of Atlanta.

—Dr. E. S. Gaillard, editor of the *American Medical Biweekly*, has severed his connection with the Kentucky School of Medicine at Louisville.

—Dr. H. M. Paine, of Albany, N. Y., writes us that his name appears as one of the curators of the "modern school," Homœopathic Medical College, Buffalo, "without his knowledge or approval."

—We have to chronicle another medical Governor. Dr. Robitaille (M.D., McGill College, 1860) has just been named Lieutenant Governor of the Province of Quebec, in place of Lt. Gov. Letellier de St. Just, removed.

OBITUARY NOTICES.

—Dr. Edwin D. Morgan, Jr., son of ex-Governor Morgan, of New York, died at Suffield, Connecticut, on Friday. His health has been delicate for some months.

—Dr. Charles Rowland, of Brooklyn, who died August 9th, of paralysis, was born in Fairfield, Ct., in 1800, and graduated at the Yale Medical School in 1824. In 1825 he began to practice in Brooklyn, where he afterward remained.

—Dr. Adam E. Wright, a well known physician of Wilmington, N. C., died on the 14th of July, about 46 years of age. Agreeable in conversation, and of generous impulses, he was highly esteemed in that community.

—Dr. Horace T. Porter, twenty-nine years old, died suddenly, Aug. 14th, at his residence, in this city. He was a graduate of the University of Pennsylvania and a member of the Medical Boat Club of West Philadelphia.

—The death of Dr. Samuel Brown Wylie Mitchell, in the 55th year of his age, took place Aug. 16th. Dr. Mitchell was well known in Philadelphia, though he was less prominent as a physician than as a military and society man. During the war he took an active part in the defence of the country, and became brevet-colonel of United States volunteers. For some years, also, he served in the capacity of surgeon at the Philadelphia Navy Yard. Dr. Mitchell was a man of wealth and position, and his decease will be regretted by many friends.

QUERIES AND REPLIES.

Dr. J. L., of Ohio, asks: Is there any remedy for gall stones? Several valuable remedial measures will be found in Napheys' *Medical Therapeutics*, sixth edition; in fact, all that have any strong evidence in their favor.

Dr. F. L., of Maine.—It is, we believe, a fact that the skin of creoles and other natives of tropical climates is cooler than that of residents in cold latitudes; but we cannot find any thermometrical observations on the subject.

Dr. Ricardus, of Pa., writes: "There is a belief quite general among the people of this locality that eating tomatoes to excess produces jaundice. Is there any foundation for it?"

Ans.—We cannot recall any medical statements to this effect. Several cases have been published in the English journals, of "simulative scarlet fever," from eating tomatoes. Any reader who can give information as to bad results from their consumption will oblige us by doing so.

Legens.—The medical law in this State (Pennsylvania) is practically inoperative.

MARRIAGES.

AMICK—TAYLOR.—At the residence of the bride's parents, "Gold Hill Farm," near Chapman, Dickinson county, Kansas, July 23d, 1879, by the Rev. Elijah Clark, Dr. M. L. Amick, of Cincinnati, O., and Miss Maggie Taylor, daughter of John Taylor, formerly of Cincinnati.

BERLET—WALTER.—On Wednesday, August 6th, 1879, by the Rev. John Thompson, at the residence of the bride, James F. Berlet, M.D., and Margaret E. Walter, all of Philadelphia.

BRODIE—KRAUSE.—On July 30th, by the Rev. F. P. Bender, William B. Brodie, M.D., and Emma C., daughter of Charles B. Krause, all of Philadelphia.

CLEVELAND—CONOVER.—In this city, on August 14th, at the First Unitarian Church, by the Rev. W. H. Furness, Samuel M. Cleveland, M.D., and Julia H., daughter of the late William A. Conover, of Freehold, N. J.

LAWRENCE—STUART.—In Pittsburg, on the 21st ult., by the Rev. Charles C. Thompson, D.D., Dr. F. S. Lawrence, of Philadelphia, and Miss Jeanie L. Stuart, only child of the late A. J. Stuart, of Pittsburg.

LIGGETT—ADDY.—On July 30th, by Rev. Thomas R. List, Samuel J. Liggett, M.D., of Philadelphia, and Miss M. E. Addy, of Leeds, England.

MELLERSH—HUMPHREYS.—On Thursday evening, July 31st, at the residence of the bride's parents, by the Rev. George W. Anderson, D.D., Dr. A. H. Mellersh, of Merion Square, Pa., and Miss Clara M., daughter of Seth Humphreys, Esq., of Lower Merion, Pa.

MERRILL—SIMPSON.—In New York, on Monday, August 11th, by the Rev. Edward O. Fladd, D.D., John N. Merrill, M.D., and Miriam Simpson, daughter of George Simpson, Esq.

DEATHS.

HOUTZ.—In Canal Fulton, Ohio, on July 27th, of obstruction of the bowels, Dr. Abram Houtz, in the 57th year of his age.

LEAVITT.—In Trenton, N. J., on the 12th ult., Robbie, son of Dr. Lyman and Martha B. Leavitt, aged 6 months.

PETERSON.—In this city, on the 23d ult., Blanche, wife of Dr. Robert E. Peterson.

READ.—On the 28th ult., Dr. Zachariah Read, of Mount Holly, N. J., in the seventy-first year of his age.

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Communications.

SOME OBSERVATIONS UPON CHOLERA INFANTUM, ESPECIALLY IN REGARD TO ITS CAUSATION.

BY FRANK WOODBURY, M.D.,
Attending Physician to the German Hospital, Philadelphia.

The intestinal disorders of infancy having diarrhœa as a common and prominent feature, which are so frequently encountered during the hot months of the year in all of our large cities, are, in this country, not rarely grouped under the generic title of summer complaint; but our systematic writers on diseases of children distinguish at least three well-defined morbid states under this heading: 1st, Ephemeral, non-inflammatory, or simple diarrhœa; 2d, Enterocolitis of all grades of severity; and 3d, Cholera infantum. It is to the latter, viewed as a distinct morbid state, that this article invites a brief consideration, more especially with reference to its proximate cause or causes.

Before the clinical relations of a disease can be satisfactorily studied, it is essential that its own position shall be accepted, and its claim to be regarded as a distinct disorder generally acknowledged. *A fortiori*, prior to any definite statement of the causation of such an affection, there must be a common agreement as to the application of the title, *i.e.*, it must be used in a specific sense, and restricted to one meaning throughout the discussion.

This statement seems necessary, by way of introduction, since there is an unfortunate tendency to extend the name cholera infantum to a wider range of clinical application than of right belongs to it. Believing that there is a well marked morbid condition to which this term can with propriety be applied, and which without this distinctive title is liable to have some of its important features ignored, it is to be hoped that the name will not only be retained for this affection, but also, that it will as much as possible be restricted to a disease to which American writers have paid especial attention. Indeed, from the fact that such valuable contributions to its pathology and clinical history have been made by authors on this side of the Atlantic (among the pioneers being Dr. Rush, whose clinical essay was published in 1789, followed by the treatises of Miller (1800), Mann (1805), and the writings of Jackson, Horner,* Dewees, Eberle, Stewart, and Condie), it has been inferred by some English writers that cholera infantum is a disorder almost peculiar to America, or, at least, occurring here in much greater frequency than elsewhere. Dr. Condie noticed that it was more common in the Southern and Western States, chiefly in the large cities, but doubted whether the disease existed in its generic form so far east as Boston. It is now generally known that cholera infantum is endemic in all localities that present the necessary conditions for its development, which conditions will be considered further on. In the opinion of those who have had an opportunity of studying similar disorders while in London, a disease is encountered there differing in no essential features from that which we are here called upon to treat, and swelling the lists of mortality during the summer months to as great a degree as it does in this country; the only difference being that there the disease in question is not

* *American Journal of Medical Sciences*, Feb., 1829

usually separated from similar disorders of infancy, but they are all classed as summer diarrhœa.

Dr. J. Lewis Smith, a very capable and experienced observer, says: "The number of deaths from cholera infantum reported in our bills of mortality is so large, while the number from the same disease embraced in the death statistics of European cities is so small, comparatively, that some have been led to believe that this malady is much more prevalent and fatal in this country than in Europe, whereas were these terms employed in all places to designate precisely the same disease, probably no great difference would be found in the prevalence of cholera infantum on the two sides of the Atlantic." *

That this opinion is correct is rendered evident by the tenor of a report recently presented to the Epidemiological Society, London, by Mr. George Turner, Medical Officer of Health for Portsmouth, a synopsis of which was published in the *British Medical Journal* for May 31st, 1879. In this report Mr. Turner called attention to the great mortality, particularly among infants under one year of age, occurring in large English cities, from *summer diarrhœa*, and insisted upon the close relationship which exists between a sustained high temperature and the production of this disease.

Bristowe speaks of the same affection under the title of *infantile diarrhœa*, and Rilliet and Barthez, who discuss the disorder with more thoroughness than most foreign writers, give it the name of *gastro-intestinal choleriform catarrh*. We cannot help remarking the similarity in the pathology and especially the etiology of the disease, as well as the conclusions of the report by Mr. Turner, just referred to, and those of cholera infantum, as brought prominently forward in the report on Clinical and Meteorological Records in their Relation to Etiology, presented by Prof. N. S. Davis, chairman of a committee upon this subject, to the American Medical Association, which contains original observations of real value, in regard to the etiology of this disorder; the conclusions being as follows:—

"1. That the bowel affections so prevalent, more especially in the middle and northern parts of this country, and so destructive to infantile life in the larger cities, recognized as simple diarrhœa,† cholera infantum, cholera morbus, and dysentery, begin their annual prevalence with the occurrence of the first week of continuous high summer temperature.

"2. That every subsequent occurrence of several days and nights of continuous high temperature causes the new attacks to be increased in number, and the former ones to be aggravated, through the month of July; the same, in a less degree, in August, and still less in September.

"3. That it is not simply the extreme of heat, but its duration, that determines the number and severity of the attacks, more especially of diarrhœa and cholera infantum.

"4. That the bowel affections under consideration prevail most in those cities and countries where there is a wide range of temperature between the winter and the summer; in other words, where these seasons present the greatest contrast." *

Dr. Davis further says † that "the facts tabulated in this and our previous report are sufficient to demonstrate clearly that the bowel affections of children which have been so long attributed, by the people and by many members of the profession, to *teething*, really originate from causes or circumstances of which a continuous or somewhat protracted high temperature constitutes an essential part."

There can be no doubt, at this late day, that there is a disorder, marked by peculiar features, which is especially liable to occur in very young children in hot weather, and which is just as distinct from ordinary infantile diarrhœa as cholera morbus in the adult differs, for example, from ordinary looseness of the bowels accompanying indigestion. Indeed, Meigs and Pepper‡ contend that cholera infantum is "the analogue of cholera morbus, or even of epidemic cholera in the adult," and with much force insist upon its distinction from ordinary simple and inflammatory diarrhœas. In enumerating its specific characters they do so very much in the words used by Dr. Aitken in describing epidemic cholera. Without multiplying references, we may again quote Bristowe, who, in speaking of *infantile diarrhœa* and *summer* (*English*) *cholera* of adults, says:§ "Although receiving different names, it would be difficult to draw any clear line of distinction between the morbid condi-

* A Treatise on the Diseases of Infancy and Childhood, by J. Lewis Smith, M.D.; third edition, Philadelphia, 1878; p. 638.

† *i. e.* so returned by physicians in the mortality reports (F.W.).

* Transactions of the American Medical Association, Vol. xxviii, p. 159. † *Loc. cit.*

‡ "Diseases of Children;" sixth edition, Philadelphia, 1877; page 416.

§ A Treatise on the Theory and Practice of Medicine, by John Syer Bristowe, M.D., London. Edited, with notes, by James Hutchinson, M.D. Philadelphia, 1876; page 703.

tions here associated." Dr. Smith* also notices this close resemblance of the symptoms to those of Asiatic cholera, "although quite distinct in its nature, and occurring independently of the epidemics of that disease." With sporadic cholera, however, the relationship is very close, and for all practical purposes cholera infantum may be considered as possessing all the clinical phenomena of cholera morbus.

The teaching of Meigs and Pepper may then be accepted without further discussion, that there is a true choleraic disease in infants as in adults, and that, pathologically, it is distinct from all the ordinary cases of diarrhœa or entero-colitis. What these specific characters are by which it may be recognized scarcely comes within the scope proposed for this present paper; for these the reader is referred to the exhaustive article on cholera infantum included in Meigs and Pepper's excellent treatise, or that of J. Lewis Smith, which has recently appeared in a fourth edition.

We are the more particular to establish its claims to be regarded as distinct from ordinary diarrhœa, from the fact that, in the words of a recent writer,† "in the discussion of this subject many of our physicians, and not a few of our writers, leave us more or less confused as to the nature and peculiar characteristics of the disease, there seeming to be a kind of tacit willingness to include all the intestinal troubles of the hot months under the head of cholera infantum."

Dunglison's Dictionary‡ may be held as in a measure responsible for this error, since, in its definition of cholera infantum, we find it regarded as synonymous with "summer complaint." We observe a further evidence of this in scanning the mortality lists of our large eastern cities. Taking Philadelphia, for instance, we find in the month of July, 1879, in addition to the (400) deaths from cholera infantum, that deaths of young children were reported from diarrhœa, marasmus, inanition, debility, teething, inflammation of the bowels, dysentery and cholera morbus. It is not improbable that some cases of true cholera infantum may be returned as marasmus, dysentery or diarrhœa, while there can be no doubt that many more of such cases are carelessly set down as cholera infantum. Indeed, an eminent authority already referred to says,§ "many physicians among us are still in the habit of designating the various intestinal disorders of children so frequent during the summer heats under the common title of cholera infantum. We believe, on the other hand, that a large majority of the deaths registered in our mortality returns under this name are the result, not of true choleraic disease, but of simple diarrhœa, or entero-colitis."

Having insisted upon the position of cholera infantum as a distinct disease, it may be provisionally defined as a choleraic disorder, which occurs in infants during periods of high temperature, and which is closely related to cholera morbus in the adult, if not identical with it.

In regard to its etiology, Eberle,* more than thirty years ago, pointed out its dependence upon an elevated temperature, and in discussing its causes, sagely observed that "There are, therefore, three causes whose concomitant influence is extensively concerned in the production of this variety of cholera, namely, high atmospheric heat, the contaminated air of large cities, and the irritation produced by dentition." To this statement it would appear that little has been, or indeed could be, added, although there is among recent writers a tendency to esteem less highly the last factor, and to disregard the erethism of the nervous system incident upon teething as a predisposing cause of cholera, although it will perhaps be acknowledged that it may lessen the power of resistance to the disease after its onset. There is, however, a general agreement to lay a greater stress upon, if not to attach exclusive importance to, meteorological phenomena in the causation of cholera infantum, and to pay less attention to the usual concomitants, such as teething, indigestion or diarrhœa, which may be either predisposing or accidental, according to circumstances. It is acknowledged that the observations of the relations existing between a sustained summer temperature and the appearance of the disease in certain large cities, both in America and Europe, are well founded; and that the conclusions of Mr. Turner, Profs. Davis and Miller, and systematic writers generally, are correct to this extent. The object of this paper will have been accomplished, if the writer succeeds in indicating, or rather suggesting, an answer to the query, "How does a continuous moderately elevated summer temperature, in certain localities, lead to the production of cholera infantum?

* Loc. cit.

† Prof. Miller. "A Contribution to the Etiology, Pathology and Therapeutics of Cholera Infantum," In the *American Journal of Obstetrics*, New York, April, 1879.

‡ Second edition, Philadelphia, 1868, p. 210.

§ Meigs and Pepper, loc. cit.

* A Treatise on the Practice of Medicine, by John Eberle, M.D., with notes and additions by Geo. McClellan, M.D.; 7th ed.; Phila., 1849.

In stating the above question the word "moderately" is advisedly used. In the same article in which Prof. Miller advances the view that a continued high temperature is "the *only* and *sufficient* cause of cholera infantum" (italics in the original), he defines the condition under which it appears as "a mean thermometer above 75°, with a small daily range." With the greatest deference to Prof. Miller's more extended experience, we would venture to differ *in toto* with him and other writers who adhere to the view that this degree of heat, *per se*, is sufficient to cause the disease; and we would here express the opinion that there are important physiological and pathological facts that we shall be obliged to overlook if we accept this doctrine. We oppose it the more firmly because this teaching, which is now becoming fashionable, leads to erroneous therapeutic deductions; we are permitted to infer that the case resembles one of heat-stroke or thermic fever (if, indeed, it is not to be considered as identical with it), and, therefore, is to be treated by the extraction of bodily heat (think of treating an adult with cholera morbus in this way!); it is also leading us in the wrong direction for prophylaxis, for it teaches that if the baby can be kept cool it is safe. The circular issued by the New York Board of Health says: "Wash your well children in *cold water* twice a day, and *oftener* in the hot season;" and Prof. Miller says: "If this one prescription were carried out, cholera infantum cases could be well nigh eliminated from the mortality reports." He looks forward to the time when the poor will be freely supplied with ice in summer, as an act of humanity, just as coal is given to them in winter. We think it will appear later that we should search deeper for the cause of this endemic disorder, for although heat is undoubtedly a link in the chain of causation, it is a remote one, and not the proximate one, as believed by many. We would not wish to be understood as in any manner condemning the use of graduated cool baths for children in cases of hyperpyrexia, nor of discouraging the adoption of all the means in our power of increasing the comfort, or rather of decreasing the discomfort, of our little patients, but it appears that some of our authors must have a different affection in their minds from what is properly designated cholera infantum, when they devote their attention chiefly to reducing the bodily temperature. Prof. Miller certainly must have meant something analogous to heat-stroke, or sunstroke, when, after recommending allowing the child small pieces of ice, and ice water, often repeated, he says, "As to the medicines to be used, as soon as cool surroundings are secured medicines will often be unnecessary, and so long as the temperature is not lowered they will generally be insufficient."* We would respectfully submit that whatever disease may be referred to here, it certainly is not cholera infantum, in which a fatal result may take place from collapse in five or six hours, and many die in less than forty-eight hours, with vomiting, thirst, rapid sinking, scanty or suppressed urine, watery stools, and wasting, in other words, with symptoms that cannot be distinguished from those of Asiatic cholera, the differential diagnosis being impossible during epidemics of the latter disease. (J. Lewis Smith.) Instances of *coup de soleil*, although rare, undoubtedly do occur among young children; but this condition is essentially and entirely distinct from cholera infantum,† although when fatal these cases are, without doubt, usually reported as instances of the latter affection. Sunstroke is caused by prolonged exposure to intense heat, generally to the direct rays of the sun, under circumstances that are adverse to free respiration and free perspiration; cholera infantum occurs under what, in comparison, may be regarded as not an immoderate degree of summer heat, and often where all ordinary precautions have been taken against its effects.

In brief, heat alone cannot be the sole cause of cholera infantum, for the following reasons:—

1. Physiology teaches that the various active phenomena occurring in the living organism are accompanied by the production of a large amount of sensible heat, which constantly escapes by radiation from the body, and which keeps the surface at a temperature corresponding with $98\frac{4}{10}°$ of Fahrenheit's scale. When the surrounding atmosphere approaches this degree of heat, radiation is checked, and discomfort is experienced, and bodily heat tends to increase; but Nature provides for this condition by bathing the surface in perspiration, which, in evaporating, cools the surface by appropriating large quantities of heat; at the same time there is a tendency on the part of the individual to avoid active exertion, and thus diminish heat production, so that workmen in foundries, glass-houses, and gas works may be habitually exposed to high temperatures, and where the air is dry they

* In another place in the same essay he states, "There are some striking resemblances between this disease and sunstroke, so much so as to suggest a pathological relationship."

† The differential diagnosis is given by Dr. Smith in the volume referred to, page 642.

readily support a temperature of 250° to 280°, and even, for a short time, of 350°, without much inconvenience.*

Now, there are many reasons why young children should bear a moderately high external temperature even better than adults, because their heat generating power is less. "It is to be carefully remembered that the development of man is slower than that of any other animal, and that his calorifying power is closely connected with his general bodily vigor; and though the infant becomes more independent of it as development advances, it is many years before the standard can be maintained without assistance throughout the ordinary vicissitudes of external temperature."† Milne Edwards and Villermé, in their researches into the causes of infant mortality in the foundling hospitals in France, determined that the excess was due to *cold* rather than to *heat*, and that the mortality is very much greater during the first three months of the year than during the summer, and that it varies in different localities, in proportion with the severity of the winter.

When we consider that a mean temperature of 75°, which is considered by some writers as the sole and efficient cause of cholera infantum, is by no means infrequently found to exist in children's nurseries during the winter, the extravagance of the statement becomes very evident. Indeed, the bodily temperature of the mother is considerably higher, but no one will contend that it is uncongenial for the infant or that it causes disease.

2. The geographical distribution of cholera infantum is opposed to the view of its causation solely by heat. Observers agree that it is most prevalent in a temperate climate, where the temperature rarely reaches 100° (in the shade). In many parts of the tropical zone, however, the thermometer rises every day, throughout a large part of the year, to 110°, and in British India and in Africa it is seen as high as 120° to 130°. In Siam the parturient woman is put close to a broiling fire, and kept there for thirty days after delivery.‡ The infant, of course, remains in the same room, and is nursed under this unusually high temperature. According to the heat theory all these children should die of cholera infantum, which is not the case. Another reason why heat is not the sole cause, is given by Eberle, and is abundantly confirmed by others—that the disease is much more prevalent in our large cities than in the country, where the temperature is equally high, and may be even higher.

3. Pathological considerations show that the choleraic disease of infants corresponds closely with cholera morbus in the adult, which we are not willing to believe is solely produced by heat, although usually occurring in hot weather. Finally, the external application of heat in animals * always produces symptoms of thermic fever or heat-stroke, which do not correspond in important particulars with those of cholera, either in the infant or the adult.

If the preceding propositions, will be accepted as demonstrated—(1) that cholera infantum is a disease pathologically distinct from ordinary diarrhœa; and (2) that although it occurs in our Middle and Eastern States during the periods of greatest temperature, it is not directly and solely due to summer heat—we may now proceed to consider what other meteorological conditions usually coexist with elevated temperature, that could influence the development of the disease. That this is the proper direction in which to search for the exciting cause of cholera infantum is evident from the facts that the disorder is not contagious, although endemic, and it is, beyond doubt, dependent upon meteorological states that are constantly associated with the prolonged heat of midsummer. Inasmuch as cholera infantum undeniably attacks children that do not drink impure water, and whose food is prepared with the greatest care, and who have due attention paid to bathing and proper clothing, we must look to the atmospheric surroundings for an explanation. It is acknowledged freely that a neglect of these hygienic precautions will produce sickness, and may possibly predispose the child to an attack of cholera infantum, but we contend that they cannot initiate the disease in the absence of the specific cause, as they exist in many places where cholera infantum is unknown.

The changes which occur in the atmosphere, especially of large cities, accompanying a prolonged high temperature, may be stated to be—

1st. An increase in humidity.

2d. Contamination by noxious exhalations of organic origin, crowd poison, etc.

3d. Changes of the air determined by conditions of the soil and movements of the groundwater.

* Chabert, the Fire-king, is said to have entered an oven heated to 600° Fahr.

† Carpenter's Physiology, American edition; Philadelphia, 1876; p. 547.

‡ Notes on Obstetric Practice in Siam, by Samuel R. House, M D.; quoted from *Archives of Medicine*, by *Monthly Review of Medicine and Surgery*; Philadelphia, Aug., 1879.

* See Prof. H. C. Wood's Treatise on Thermic Fever; Philadelphia, 1876.

There is no doubt that all of these conditions may act as factors of disease, and systematic writers generally name impure air or poor ventilation as an active predisposing cause to cholera infantum.

In regard to the increase in humidity, this is recognized by sanitarians as an impurity, as it favors the suspension of organic particles, and the diffusion of carbonic acid. The dew-point rises in an increasing ratio with the temperature, and the air constantly contains from 50 to 75 per cent. of the quantity necessary for saturation. As the watery vapor is manifestly many times greater in summer than in winter, in favorable localities, it is a point in the propagation of summer complaints that should not be overlooked. This will be found to be particularly important, if the conclusions of Dr. T. J. Turner, U.S.N., shall be confirmed, in regard to moisture as an impurity in air. His positive statement is that when such vapor is in excess it has an absolutely fatal influence at a temperature of 90 to 100° Fahr.* If the truth of this shall be established by experimentation, it may be regarded hereafter as a leading, or, at least, an important predisposing, factor in the causation of cholera infantum.

Concerning the ordinary noxious exhalations from decaying organic refuse, and the contamination of the air by over-crowding, these evils are always present in our large cities. The thousands of cesspools, the miles of exposed gutters and untrapped sewers, the vegetable refuse that decays in the streets so readily in hot weather, are all active agents in the production of disease, and more especially in infants, since they are much more sensitive to bad hygienic surroundings than are adults. But since these causes are operative to an equal, and in many cases to a greater, degree when cholera infantum does not prevail, but the presence of the zymotic diseases, including diphtheria, testify to the insanitary conditions instead, it is evident that, while they deserve the prominence given to them in our classical treatises, as important adjuncts, they cannot be considered as being preëminently the cause of the disease under consideration.

Finally, we come to the consideration of the influence of changes in the atmosphere determined by conditions of the soil and movements of the ground-water. We confess that our convictions are in harmony with the view that it is in this direction that we are to look for the true cause of cholera infantum; and if it shall hereafter appear that there are good reasons for believing that the disorder is due to a specific cause, that its outbreak is associated with the development of microscopic or ultra-microscopic organisms, such as Pettenkofer* believes accompany cholera, both epidemic and sporadic, we shall consider it only as the final one of the series of clinical characters already referred to, unmistakably separating this disorder from ordinary ephemeral diarrhœa, and connecting it with cholera in the adult.

Largely owing to the careful researches of Pettenkofer, which have been repeated by other investigators, much greater attention, of late years, has been paid to the moisture in the soil, and the relations which it bears to certain epidemic diseases. The effluvia from the earth have been definitely connected with outbreaks of paroxysmal fevers, enteric (typhoid) fever, yellow fever, bilious remittent fever, cholera and dysentery.† The ground-water is defined by Pettenkofer as that condition in which all the interstices of the ground are filled with water, so that, except in so far as its particles are separated by solid portions of soil, there is a continuous sheet of water. Above this level the ground is moist, and contains air as well as water. This ground or subsoil water is at very different depths in different soils, from a few feet to several hundred, and is in constant movement, flowing toward the nearest river or the sea. In Munich, Pettenkofer reckons its rate at about 15 feet daily (Parkes). Its level is also constantly changing, from physical causes. When the ground-water is near the surface the soil is moist and cold, and favors the development of phthisis and paroxysmal fevers (it has been repeatedly observed that measures taken to dry the soil by deep drainage lessen the

* "Air and Moisture on Shipboard." Published by the Medical and Surgical Bureau of the Navy Department. This work I had not had the opportunity of examining, but only knew through an editorial on "Moisture as an Impurity in Air," in the New York *Medical Record*, for May 3d, 1879, in which Dr. Turner's conclusions are given; since writing this paper, however, I have, through the kindness of Prof. J. Aitken Meigs, had Dr. Turner's essay placed in my possession. It contains a number of practical suggestions for naval hygiene, and represents a large amount of original investigations.

* Neun ätiologische und prophylaktische Sätze, aus dem amtlichen Berichten über die Choleraepidemien in Ostindien und in den Vereinigten Staaten von Nordamerika, von Dr. Max von Pettenkofer (Separatabdrück aus der *Deutschen vierteljahr. für öffentliche Gesundheitspflege*, Band IX, Heft 2, Braunschweig, 1877. Also *Vierteljahrschrift für öffent. Gesundheitspflege*, Band II, page 181. Also his "Analysis of the Reasons of the Immunity of Lyons from Cholera," *Zeitsch. für Biologie*, Band IV, page 400; and numerous other essays.

† Parke's Manual of Hygiene, fifth edition; Philadelphia, 1878; p. 329.

prevalence of these diseases); catarrh and rheumatism also are found in such localities. To a greater degree, however, dampness of the soil exerts an evil effect, by aiding the development and evolution of organic emanations. These miasms "are at present known only by their effects; they may be mere chemical agencies, but more probably they are low forms of life, which grow and propagate in these conditions. At any rate, moisture appears to be an essential element in their production" (Parkes). There is a constant interchange, on the principle of diffusion of gases, going on between the ground and atmospheric air, which is favored by the rise and fall of the ground-water. This is a fruitful source of disease. Pettenkofer's observations led Buhl* to the discovery that in Munich there is a very close relation between the height of the ground water and cases of typhoid fever; the outbreaks of typhoid fever occurred when the ground-water was lowest, and especially when, after having risen to an unusual height, it had rapidly fallen. This was subsequently confirmed by Pettenkofer, and by many others, the truth finding its most frequent application in large cities, where the ground-water becomes converted into an immense sewer, from the great number of cesspools. In addition to the conditions named, *i.e.* a rapid sinking of the ground-water after an unusual rise, and impurity of the soil from animal refuse, there is needed, according to Pettenkofer,† heat of soil and the presence of a specific germ.

A view almost identical with the preceding is held by the same distinguished authority in regard to cholera, which he considers due to a germ whose development is in like manner dependent upon the movements of the ground-water. He has published a number of essays in defense of this opinion, which is generally accepted in Germany, and the observations of Drs. Lewis and Cunningham in India demonstrated that the cholera in Calcutta, in 1873–74, occurred in accordance with Pettenkofer's views.

The field that has been opened by these researches in the "under world" is full of interest, and invites further exploration. Many of the apparent vagaries of zymotic disease may now find a simple explanation, and the study of future epidemics will throw still more light upon their origin and methods of propagation. It is especially upon the relations of cholera infantum to the movements of the ground-water and telluric exhalations, that the attention of American investigators of this subject should be directed. Cholera infantum occurs most frequently in cities, because its victims are there crowded in greatest number. It is not, however, confined to the cities, but is encountered in all its severity in suburban and country residences. An intelligent, experienced physician, practicing in one of the healthiest suburban localities near Philadelphia, told the writer last year that he then dreaded going to a case of cholera infantum, as he had seen quite a number, and they nearly all died, in spite of the greatest attention. We have since recalled the fact that at that period there had been a marked fall in the ground-water, and nearly all the wells in the neighborhood were dry. Coincident with this was an unusually hot term, which will long be remembered as the "hot wave" of 1878.

In the way of therapeutics and prophylaxis, the course is obvious. As in a cholera epidemic no apparently trifling diarrhœa should escape treatment, so during the existence of cholera infantum, no diarrhœa should be neglected; a child in the city with obstinate, watery diarrhœa, is to be regarded as threatened with cholera. The prophylaxis and treatment of cholera infantum might (having in view its epidemic character) be summed up in the simple recommendation to send the little sufferer, on the first symptoms of the disease, to the seashore, where it will often get well on mint water.*

When collapse is threatening, the warm mustard bath, with cool applications to the head, and a little burnt brandy internally, will revive the patient long enough to get him away from the infected locality.

In the hope of stimulating discussion, we would submit the following propositions, the last three of which it will be seen are far from being established at the present time:—

1. Cholera infantum is a disease of infants, *sui generis*, differing materially from ordinary summer diarrhœa, in its etiology, clinical history, and prognosis.

2. In all essential features, cholera infantum is the analogue of cholera morbus in the adult.

3. While its outbreaks follow the first continuous high temperature of summer, they are

* *Zeitschrift für Biologie*, Band I, p. 1. Quoted by Parkes, loc. cit.

† *Vierteljahrschrift für Oeffentliche Gesundheitspflege*; band II, p. 181.

* See Report by Wm. H. Bennett, M.D., on "The Children's Seashore House at Atlantic City, and its Clinical Teachings in Regard to the Value of the Seashore as a Resort for Sick Children." Philadelphia Medical and Surgical Reporter, volume xxxviii, page 124.

not due directly to heat, nor is heat the sole and efficient cause.

4. Epidemics of cholera infantum, where circumstances are favorable for their development, follow a marked decline in the ground-water after an unusual rise (?).

5. Cholera infantum belongs to the zymotic group, and is due to a specific germ (similar to that of epidemic cholera)?

6. The specific agent producing cholera infantum is indigenous to certain localities, existing in the ground-air (?).

FAMILY TAINTS.

BY SAMUEL PETERS, M.D.,
Of Cohoes, New York.

The fact has often enough come to the observation of physicians, that some families of children have a low or weak vitality. Such families frequently, and I think as a rule, contain several members, even more than the average, so that we might term them large families; but they die, some with one disease some with another. Prominent among such fatal diseases we may name tubercular meningitis, scarlet fever, diphtheria, cholera infantum, etc., although almost any disease is likely to overpower the tender body and prove fatal. Thus we often see several little graves in a row, one after another having fallen a prey to some affection that others would have readily overcome.

What the peculiar constitutional character of such a family is, may in some cases be difficult to understand. We find, as a rule, the children are fair, intellectual, promising, even sometimes stout and rosy-cheeked, light skin and hair, yet possessing a certain *taint* which readily proves itself in unmistakable evidences of low grade of vitality, and for which, I believe, we have no name that will serve for all cases.

It may be remarked that the objective signs just named are not always present (Miller, Roberts). Some have dark skin and dull intellect.

I have observed that the parents may, and often do, appear to be quite healthy, with no indications, even to a physician's eye, that they must foster such a progeny. And what is more strange, they may not be in the line of any special hereditary disease, yet nearly every child seems to be doomed, sooner or later.

I have further observed that if one of the children was saved it was much more frequently the first—this to grow up perfect, or more or less feeble—the succeeding ones falling, one after another. Sometimes one, two or three survive, fortunately, but generally many more die than live; only a small part living to grow up.

It is certainly disheartening to the physician to observe such sad waste; families decimated, children dying in spite of all the known means that are at his command; and, indeed, he is often blamed for his ill success, when he has exercised a skill and judgment than which no better could have been found. Such sad mysteries, if the expression be allowed, sometimes confront us, and will continue to do so until we learn more of the great laws of reproduction.

However, some cases are clearly enough traced to their true cause: one or both parents exhibiting distinct evidences of loitering disease; or, though healthy themselves, yet falling directly in the line of hereditary disease. Or again, there may be a peculiar kind of exhaustion, which will be noticed hereafter. When such causes can be found our embarrassment is, of course, at an end. We say to the parents, "Your children are *tender;* they cannot endure as much as other children; they are like a vine growing in the cellar, easily snapped, and if you bear others, they also will be liable to fall as easily." It is, indeed, well that such a satisfactory explanation greatly mitigates their distress of mind.

But such families are occasionally found where no evident cause can be assigned. The parents are able to boast of uninterrupted health, and of entire freedom from hereditary disease; their ancestors have lived to a ripe old age, perhaps, and where the fault or failure exists cannot be told with any degree of satisfaction.

Among the family faults, or "taints," as they have been named, rather carelessly, perhaps, are scrofula, rheumatism, syphilis, general anæmia, and what we now term sexual exhaustion. I shall not take time to discuss these at any great length, only to make a few remarks on the first and last named.

While all these faults have more or less to do with the mortality among infants and children, it is undoubtedly the fact that scrofula is the most potent factor in the relation of cause, vitiating, as it does, the human system in such a manner that it is rendered incapable of withstanding disease to the extent that it otherwise would. In a word, scrofulous children are tender, delicate, frail: not in external appearance, perhaps, as already remarked, for they may be rosy-cheeked, even plump; "very healthy," as the parents will often say, but so in fact, as proved by the readiness with which they are swept away.

Now, all our observations, I believe, tend to confirm the opinion expressed by Rindfleisch (Ziemssen's Cyclopedia, vol. v.), which is based upon the researches of Virchow, regarding inflammatory exudations in scrofulous persons. I cannot do better than to quote from page 636 of the volume named: "Virchow first called attention to the predominant cellular character of the scrofulous exudation; to its hyperplastic nature, and to the low vitality of the cells which compose it. For my own part, I would add that fresh scrofulous exudations contain relatively *large* cells, with glistening protoplasm, and a nucleus in the act of segmenting, or containing a double nucleus. I have received the impression that the emigrated white blood globules, which in normal individuals pass from the blood vessels of the inflamed tract to some adjoining surface, or to the lymphatics or lymphatic glands, or become collected into abscesses, have a tendency, in scrofulous persons, to grow larger on their way through the connective tissue. They swell up by the intussusception of albuminous substances, and in this very swelling die and slowly degenerate. The consequences of this peculiar anomaly of vegetation are felt in all the inflammations of scrofulous persons; less in the superficial catarrhs of the skin and mucous membranes than in the deeper parenchymatous inflammations of the glands and viscera."

If this be true, that all inflammatory processes in the scrofulous are almost sure to pursue such a course, we may readily indicate to our own minds the cases in which lie the greatest danger; for whatever disease the scrofulous system encounters that has as a part and parcel any inflammatory process, of whatever surface or tissue, that disease will result, in a greater or less degree, in the complications and dangers just described. Hence, we have long ago learned to dread, in the scrofulous, the diseases to which children are especially liable which have an inflammatory or even a hyperæmic character. The same explanation, I have no doubt, can be given of the serious results which sometimes follow vaccinations in these subjects, even with the purest virus. No amount of care can always avert such unpleasant consequences. All are aware of the great difference in the results which follow ordinary injuries, as, for instance, of the joints, or other parts, the difference being determined by this deep-rooted all-pervading constitutional taint.

But another cause may undoubtedly be assigned for the low vitality in children of certain families: a cause which is now and then simply mentioned, but not really dwelt upon and distinctively urged, yet I believe a very prolific one in inducing the bodily condition under consideration. I refer to sexual exhaustion, commonly induced, as is well known, by the frequency or rapidity of conceptions; also by the ruinous practice of imperfect or incomplete coitus, and perhaps by repeated abortions. I cannot but think that sexual exhaustion as a cause of low vitality is not receiving its due share of attention; that the public is not properly enlightened, through the profession; that we are perhaps criminally negligent in failing to discharge so vitally important a duty, while it is carrying off, probably, as many as all the other causes we have named, except, possibly, scrofula, and even this, with all its evils, may frequently be engendered by it.

Sufficient, however, has been said on these points, as my principal object in this paper was to speak more especially upon the physician's part in the management of such families, by moral, hygienic, and medicinal treatment. That we may do much to fortify such constitutions against what may, and, indeed, must be, encountered, is admitted by all. Not that we can in all cases entirely eradicate the cachexia, but that we may so far neutralize its influence or power that the system will not so easily succumb to the influence of disease. In other words, that we may raise the grade of vitality, and perhaps, even, in some cases, place it on a level with the strongest.

The hygienic management of such families is all important, and pretty well understood, even by the laity, so that generally, as far as possible, it is carried out, and with great benefit too. But for this fact thousands would die in their early years who are now, in these days of better intelligence, saved. We are continually urging upon parents, and very properly, the importance of all hygienic points in the management of their families, particularly proper exercise, good air, and suitable food and clothing. The importance of proper food none will question, and it may be affirmed that the mother's milk, if healthy, and cow's milk, where it can be obtained pure, is all that is required. In regard to the various "foods" that are advertised so extensively, I have little experience, having, first, a strong prejudice against all such preparations for infants and children, because I believe nature to be the best chemist in providing her own nutriment, and secondly, because milk has invariably proved itself all sufficient.

Proper clothing is of equal importance, but it is readily understood that all these requisites

cannot be carried out by a large proportion of the families, on account of pecuniary inability. Good air, good food, and good clothing are not the gifts of poverty. Fortunately, however, milk is, in most places, abundant and cheap, and a portion of it each day, with even coarse food, will build up many a poor body.

Aside from such judicious management, I know of none that offers to us more promise of success than a persevering course of cod-liver oil. After much careful observation of its effects I can confidently affirm that cases such as we have been considering form a large class, in which the benefits of this *great remedy* are too little understood. Not that its value is underrated in the various and actual *diseases* that are commonly called scrofulous; not that it is neglected when disease has fairly invaded the system; for these all acknowledge its potency for good; but as a *modifier* of the whole organization, *before* disease has invaded it, even while it is yet unsuspected, and during the early months of life, then it is that this remedy is most valuable. As Prof. Geo. B. Wood says of mercury, so I say of this remedy, it "revolutionizes" the whole body, builds up every cell, reorganizes, so to speak, the vital forces, and makes the child apparently another being. Therefore, as a preventive, as a fortifier, I would recall the attention of the profession to it, believing, as I do, that it is too much neglected.

From happy observation, in very many instances, I have found it to so enhance the powers of endurance that disease would not take on so readily fatal forms, or meet with so many complications. With this understanding of the relation of cod-liver oil to such constitutions, the natural conclusion is that the sooner its beneficial effects can be realized, the earlier it can be given, the more hopeful we may be of success.

In order to illustrate properly my experience in the matter, I will cite an instance, one of a number that could be given. It is a family by the name of Butler; the father and mother apparently healthy; had a child, the first, that with some evidences of a delicate constitution, has grown to be a boy of nine years. The second child, at eleven months of age, died of marasmus. The third began to decline at four months, after being urged to administer cod-liver oil. This the mother neglected, or rather refused to do. A few months after it was attacked with dysenteric symptoms and died. After the birth of the fourth child the parents were urged still more strongly to administer the remedy early. It was neglected again, and this one died at the age of eleven months. She then promised if another should be born she would administer the remedy. She did so for several months, commencing soon after its birth, and it has now passed three summers, and is healthy. She has now the sixth, thirteen months old, to which was also given the oil faithfully, and which is as promising as the last.

I think the remedy should be administered early; if possible, long before the first summer, and continued diligently, in such doses as the little stomach will bear. I have not generally discontinued its use upon the occurrence of an ordinary diarrhœa or dysentery, for, with Ringer, I find it often seems to benefit such cases, especially the latter. It is needless to say it should be continued several months, if possible.

To omit the discussion of the operation of cod-liver oil is excusable, as our present knowledge has not enabled us to come to any satisfactory conclusion in other diseases in which its beneficial effects are acknowledged. Certainly, it is a compound of many and valuable constituents. According to De Jongh (U. S. Dispensatory), these consist of iodine, bromine, chlorine, phosphoric and sulphuric acids, phosphorus, lime, magnesia, soda, iron, glycerine, various biliary principles, a peculiar substance, called gadnin, several other peculiar substances not named, etc. The thousands of gallons that are consumed every year is certainly good proof of the high esteem in which it is held by the profession as well as the public, even though its operation is somewhat mysterious.

I am aware that such a general recommendation of this remedy nearly approaches empyricism. And at this point I wish to call attention to the remarks of Niemeyer, that cod-liver oil is used in scrofulous diseases too indiscriminately; that it is needless to administer it to any but those who are *lean*, with little or no adipose tissue, etc. This is undoubtedly true in reference to tubercular affections, but I must dissent from it in the cases I have mentioned, especially in infants and young children who have *not* yet reached the tubercular or disease stage.

Many other points bearing upon this subject might be discussed, but I shall take time to offer a very few remarks upon only one, and that is, weaning from the mother. Much might here be said in quoting the opinion of others, but I must be content in stating some practical points which have impressed themselves after many years of observation.

It is evident that a healthy mother, with

healthy milk, should nurse her own child; on the other hand, if unhealthy, she should not. But can we always determine accurately this point? It is a fact that a healthy, or, certainly, an apparently healthy mother, may secrete unhealthy milk. Such cases have come under my own observation, and doubtless many others have noticed the same thing.

Dr. Jacobi, of New York City, has recently (*American Journal of Obstetrics*, volume XII, page 541) given some indispensable instructions, which all must appreciate, and which very clearly intimate an endorsement of the points in infant therapeutics, etc., upon which I am speaking.

Bedford, in his "Diseases of Women and Children," gives excellent advice on lactation and weaning, which it would do well for all to consider. He refers to a child suffering with a persistent diarrhœa which apparently had baffled ordinary treatment. He examined the mother's milk and found it to contain colostrum, which should be found in the breasts for only the first few days after delivery, as is well known. He weaned the child and the cure followed spontaneously.

Similar facts I have known in regard to cow's milk. One family had two cows; from one the child was fed and did well. The other cow's milk acted speedily and always as a cathartic, and the mother told me that whenever she desired to administer a cathartic to her child she gave it the milk from this second cow. Both cows were equally healthy. Another family had a cow the milk from which always produced an eruption on the child's skin. After several trials and experiments, the milk was necessarily abandoned. Why may not human milk sometimes present the same anomalies?

The truth is, we may estimate approximately, never with precision; therefore, when a child fails to do well with good medical advice, it is certainly good practice to wean it from the mother, unless the time approaches too near the hot months, and either find a wet nurse, or, better still, generally, raise it on cow's milk. Indeed, I generally feel a sense of relief when any circumstance induces parents to rear their scrofulous or tainted children on cow's milk. This I am willing to repeat with emphasis, having long ago formed the belief that mothers in these modern days are too commonly unfit to nurse their children.

It must be acknowledged that one very serious obstacle exists to the general adoption of this advice. It is the changed, unnatural condition of cow's milk as found in the larger cities; a change that appears to be decided and unmistakable. While this fact is sufficiently known and acknowledged, it is undoubtedly true that physicians in such cities scarcely appreciate it in its full length and breadth.

Milk in the city and country is, indeed, two different fluids; different in nearly all points. The fat is more irritating, because more indigestible; the casein forms in the stomach in larger and denser masses; even the salts are not in such perfect solution, besides being chemically changed by the external forces to which city milk is necessarily subjected. It is often rendered unfit for any stomach, especially that of the tender infant.

In the country the milk is at once and carefully carried to a cool, dark cellar, strained, placed in pans, and left undisturbed, and away from light and heat. It is scarcely changed, chemically or physically, from one milking to the next. It is simply sweet, pure, fresh, untouched, perfect. In the city it is in every respect exactly the reverse, particularly in warm weather; the long agitation in its transportation, the heat, the light, and too often the adulteration with chalk, magnesia, water, or whatever the peculiar "receipt" of different dealers directs, rendering it a pabulum entirely changed from the condition in which nature left it. Hence we might well say: In the city raise an infant on breast milk, in the country on either, all things being equal.

It is easy to perceive why such a discrepancy exists in instructions of writers on the management of infants; one having never known or tasted of pure country milk, the other entirely ignorant of the quality of milk as vended in the cities.

It is equally easy to understand, also, why a removal from the city to the country will often rapidly benefit the sick child, the food, especially the milk, more than the air, in my humble opinion, conducing to this happy result. In the latter place the question of infant dietetics becomes much more easy, and, therefore, the therapeutical one proportionately simplified. Even the milk obtained from a cow kept in the city is often injured while in the udder, by driving her a long distance from pasture. She is almost sure to be fed more or less on slop, which is so easily obtained from neighboring dwellings, besides being kept at night in small, smothering stables.

All this, however, does not invalidate the fact, as I deem it, that pure, fresh cow's milk is only second, if not fully equal, to the material fur-

nished by the mother; diluted with pure water for the first four months, afterward given in its full strength.

What, then, it is asked, is the best thing that can be done with infants in the large cities, who are obliged to remain? The answer may readily suggest itself, if we fully comprehend the causes which produce deterioration of milk. Imitate, as far as possible, the treatment it receives in the country, and particularly among small dairymen, where only it is to be found in its greatest perfection. Avoid agitation, admixture, heat and light, and certainly all this can be done to a considerable extent. First, the supply for the family should be taken fresh from the cow, at least twice a day, carried by hand, and as short a distance as possible; secondly, this should be done in an absolutely cool and cooling receptacle, and third, it should be kept carefully in a cool cellar, or in a common refrigerator, from which it is to be taken only in small quantities, as required, warmed and given to the child. I am satisfied, from personal observation, that such precautions will repay the little extra trouble involved.

The conclusions which may be drawn from clinical experience, and to which I invite attention, are—

1. That "taints" exist much more frequently in children of families than in the parents.

2. That such taints produce a low grade of vitality.

3. That among these taints or defects scrofula and sexual exhaustion are the most common.

4. That external appearances and the family history do not always point to these constitutional defects.

5. That the unnatural and ready yielding of the body to disease is often the first evidence we have of the existence of taint.

6. That disease in such a body is not what the same disease is in one that is free from such fault.

7. That cod-liver oil is often capable of neutralizing such faults, or in other words, of revolutionizing the vital forces.

8. That to accomplish this the remedy is to be given early in life, and *before evident disease commences.*

Editorial Department.

Periscope.

Vasomotor and Trophic Nsuroses.

At the Medical Society of London, recently, Dr. Dowse commenced a paper on this subject by stating that under the head of nervous disorders was embraced not only our objective material and volitional parts, but also the co-relation of these with subjective as well as mental morbid processes. The nervous system embraced a chain of phenomena by which were linked together all parts of our conscious and unconscious being; and it was impossible, even at the present day, to say how far and by what means these were intimately associated. Eulenburg and Guttman, in their essay, stated that certain well known investigations had placed it beyond doubt that the vasomotor centre for most parts (including the head) was in the medulla oblongata; and not only had Budge's former experiments proved the influence of the pedunculus cerebri on the vessels of the opposite half of the body, but their own investigations showed that certain defined localizable vasomotor districts existed in the surface of the brain in dogs, in the upper part of the cortical substance; and the experiments of Goltz upon the sciatic nerve and lumbar part of the spinal marrow of dogs had proved that there were two kinds of fibres governing the movements of vessels, the one dilating and the other contracting them. It was by the due correlative action of these nerves that the tone of the vessels and nutrition of parts were maintained. Trophic nerves had, up to the present time, not been made evident by dissection; yet from analogy, it was quite rational to infer that they had an independent existence. It had been shown, by M. Claude Bernard and others, that the branches of the sympathetic nerves might be divided without producing any alteration in the nutrition of parts, although the resulting congestion might be intense and prolonged; and that it followed, as a rule, that the congestions arising from paralysis of the vasomotor nerves and derangements in the nutrition of parts were, as far as clinical teaching and experimental physiology showed, quite independent of each other. M. Brown-Séquard had shown that paralysis of a vasomotor nerve might be carried so far that not even a drop of blood flowed on pricking the skin; that the vitality decreased and the parts became pallid and cold, but no changes in nutrition occurred. It was not uncommon to find cases, notably among hysterical patients, where there was a very intense and persistent check to the circulation, yet troubles of nutrition did not arise under these circumstances, so that we were compelled to fall back upon what he admitted was in a measure theoretical: "That there was a set of nerves intimately associated with

compound cerebro-spinal nerves which had an especial function in regulating and controlling nutritive processes." There was no better established fact in the whole range of neuro-pathology than in those disorders of nutrition of distant parts of the body which resulted from destruction to brain tissue by vascular changes; and these took a direct course in conformity with the histological direction of the nerves implicated; and deaths arising from this cause were often more frequent than from the primary seat of disease in the brain and spinal cord. By way of examples, he referred to bed sores and to the rapid destruction of the mucous surface of the bladder and urinary tract. He pointed out that consecutive lesions of nutrition to central brain disease sometimes deceived the physician, who mistook them for the disease itself. Dr. Dowse continued his paper by drawing attention to the part played by the vasomotor and trophic nerves in hemicrania, angina pectoris, facial hemiatrophy, muscular atrophy, and pseudo-muscular hypertrophy.

The Hyposulphites in Smallpox.

Dr. Hardaway writes, in the St. Louis *Courier of Medicine*—

When Inspector of Smallpox in this city, during the epidemic, some years ago, I had many hundreds of cases of variola under my observation, with the opportunity of testing various plans of treatment in that disease. As the result of my experience, I came to the conclusion that the hyposulphite of sodium was an invaluable remedy for smallpox. If Polli's theory of the action of these drugs is at all tenable, then surely they are indicated in variola. Owing to the influence of previous vaccinations in modifying smallpox it is particularly difficult to arrive at any very exact conclusions as to the effect of medication; but having treated all types of the disease, and many unvaccinated children, with the hyposulphite, I am prepared to state that my results were highly encouraging. One thing that I frequently noticed in using the hyposulphite, was the prevention or modification of the pitting—a result that, with my present experience, I would be led to expect.

Iodine in Malarial Fever.

On this subject Dr. Wm. Anderson has an article in the *Proceedings* of the Kings County Medical Society, from which we make the following extract. He had used it largely in the Brooklyn Dispensary:—

The time required to effect a cure naturally varied. In a large number there was no paroxysm after the first dose; frequently it took two or three days before any mitigation was observed. While it was seldom necessary to repeat the usual two or three ounce mixture, it occasionally happened that the fever returned when the medicine was omitted for a few days, but was again promptly subdued on a renewal of the iodine. That there is such a thing as a permanent cure for this subtle and Protean disease, even with iodine, I very much doubt; and no educated physician would promise it under any form of treatment. As to the question of relapse, I believe there is less chance of a return than after treatment by quinia. I have had several patients return the following year for their iodine prescription, which they remembered as having given them prompt relief; but this experience is doubtless common to all forms of treatment.

Iodine is so seldom prescribed for internal use in any form of disease, and it is so customary to consider it as an external agent, that most physicians look with suspicion on the idea of substituting it for quinia. Very many think the stomach would not tolerate it. This idea, however, is merely the result of inexperience. The extent to which Lugol carried the exhibition of iodine ought to be sufficient proof of its safety, if not of its usefulness. In the dose recommended, and properly diluted, it is quite palatable, and can be borne by almost every one. I have had but one patient who could not retain it, but neither could she retain a solution of quinia, and was only relieved when I prescribed quinia in capsules. Children take it readily—that is, where they will take anything readily. I have given it to children of all ages, and have not had a fraction of the trouble I formerly experienced with quinia.

When I commenced this line of treatment I used the simple tincture of iodine in syrup and water; but while this acted well therapeutically, it was found advisable to add iodide of potassium to the mixture, to prevent precipitation of the iodine. For adults I usually prescribed twelve to fifteen minims of the compound tincture, freely diluted, to be taken three times a day, after food, and regardless of pyrexia. From five to ten minims usually sufficed for children. Larger doses were frequently employed in severe cases, without producing any unpleasant results. My usual prescription in private practice is as follows:—

R.	Tinc. iodinii comp.,	℥ vj
	Syr. acaciæ,	℥ xviij. M.

Sig.—Teaspoonful in a wineglassful of water three times a day, after food.

The compound solution of iodine would answer equally well, and would come cheaper for dispensaries, or those physicians who give out their own medicine. The iodine may be combined with any other drug indicated, and I now frequently use elixir of eucalyptus as a vehicle; but I was careful for a long time to use no combinations that might complicate the experiment.

Prevention of Mammary Abscess.

The following not new but useful plan is recommended by Dr. Shepherd, in the *Canada Medical and Surgical Journal*, August:—

When the gland becomes indurated, painful, and has a glistening red look (symptoms, in fact, of approaching suppuration), take a large piece of ordinary sticking plaster and cut it a circular shape (a larger or smaller disc, according to the size of the affected breast); make a hole in the centre large enough to allow the nipple and half the areola to be seen, and apply this piece of plaster (after heating it) so that it will cover the whole breast, and that the nipple will protrude through the aperture in the centre. To make the

plaster fit more accurately, its circumference should be deeply nicked at distances of about an inch. The plaster should be left on till the breast softens, or the plaster ceases to exercise even pressure. This simple method, in the half dozen cases I have seen it used, has acted magically, the breast softening and the pain disappearing in the course of twenty-four hours. In one case a woman who had suffered on several previous occasions from broken breasts came to the out-door department of the General Hospital with all the symptoms of fast approaching suppuration in her right breast; in fact, I considered that within twenty-four hours I should be obliged to use the knife. However, I said to the students that if there was anything in the plaster remedy this would be a good case in which to try it. I applied the plaster in the way described above. Two days after the woman returned and said, with a pleased smile, that it was the only remedy she had ever tried that had done her any good; that on previous occasions every remedy had failed to prevent her having a "broken breast." On examining the breast, I found it quite soft, painless, and with only one small lump of induration on the upper part, which disappeared in the course of a couple of days.

When to Induce Premature Labor in Puerperal Eclampsia.

On this question Dr. W. W. Potter writes, in the *American Journal of Obstetrics*—

The proper time to induce premature labor in puerperal eclampsia becomes at once an interesting and important question.

Will it be wise to resort to the measure early; or shall it be postponed until other means have been tried and found insufficient? While these are questions, speaking generally, which must be determined from the observation and study of each individual case, yet I opine there is more frequent occasion to regret too great delay in the employment of this method, than that it has been invoked too early.

Observation and experience, those final arbiters of all questions medical, have settled some general principles pertaining to this whole subject, from which I formulate the following:—

1. It is wiser to err on the side of safety to the mother, and induce labor too soon, than to temporize until it is too late. When the uterine body has attained sufficient size to interfere materially with the return blood current, the indication is most clear. This will especially be the case if there is deep coma in the interval of the fits, indicating great activity of the blood poison. Here the urgency is pressing, and prompt action may save life. In hesitation there may be disaster.

2. The amount of albumen in the urine is not a sure indication of the extent of the blood poison, since in many of the severer cases there are but slight traces of albumen, and in others it is wanting altogether; while, on the other hand, albuminuria is frequently found in pregnant woman who do not subsequently have convulsions.

3. From this it may be inferred that the practice of inducing labor when there is albuminuria *without* convulsions is a questionable one; its employment as a necessity, at least, being limited to a small minority of cases.

Memoranda for the Disinfection of Yellow Fever.

The following rules have been published by the National Board of Health:—

1. It is prudent to assume that the essential cause of yellow fever is what may, for conciseness, be called a "germ," that is, something which is capable of growth and propagation outside the living human body; that this germ flourishes especially in decaying organic matter or filth, and that disinfection must have reference both to the germ and to that in or on which it flourishes.

2. Disinfection, when used in a place not infected, for the purpose of rendering filth, or foul soils, waters, etc., incapable of propagating disease germs, is a poor substitute for cleanliness, and is mainly useful to make the process of cleansing odorless and harmless. The best disinfectants for this purpose are sulphate of iron, carbolic acid, fresh quick-lime, fresh charcoal powder, chloride of zinc, chloride of aluminium, and permanganate of potash.

3. The two great difficulties in destroying the vitality of the germ of yellow fever are, first, to bring the disinfecting agent into actual contact with the germ; and, second, to avoid injuring or destroying other things which should be preserved.

4. *When the germ of yellow fever is dry, or partially dried, no gaseous disinfectant can be relied on to destroy it.* It must either be moistened or subjected to a dry heat of not less than 250° F., to obtain security.

5. In disinfecting or destroying infected clothing, bedding, or movable articles, *move them as little as possible while dry.* Before disturbing them have them thoroughly moistened, either with a chemical disinfecting solution or with boiling water, in order to prevent the diffusion of dried germs in the air in the form of dust.

6. The best method of disinfecting rooms, buildings, ships, etc., is still doubtful, owing to the difficulty of destroying the vitality of dried germs.

The Board proposes to have this subject carefully investigated, and in the meantime advises thorough scrubbing and moist cleansing, to be followed by the fumes of burning sulphur, at the rate of 18 ounces per 1,000 cubic feet of space to be disinfected.

The sulphur should be broken in small pieces, burned over vessels containing water or sand, which vessels should be distributed in the closed space to be disinfected at the rate of one to each 100 square feet of area of floor,

7. No patented compound known to the Board is superior, as a disinfectant, to the agents above mentioned, and none is so cheap. Some of these patent disinfectants are good deodorants, but *the removal of an unpleasant odor is no proof that true disinfection has been accomplished.*

8. In districts where yellow fever prevailed last year the following precautionary measures should be taken:

(*a*) Textile fabrics of every description which were exposed to yellow fever infection during the year 1878 and which have remained packed or

boxed in a closed space since such exposure, should not be opened or unrolled, but should either be burned or placed in boiling water for half an hour or more, or in suitable heated ovens, or disinfected, according to the nature and value of the individual article or articles.

(*b*) Every house or room in which cases of yellow fever occurred in the year 1878, and since that time have remained unoccupied, should not be opened for occupation until they have been thoroughly cleansed and disinfected, by persons acclimated to yellow fever.

(*c*) Every privy, vault, under-ground water-cistern, dry well, or closed cellar, connected with a house in which yellow fever existed last year, and which may not have been opened since that date, should not be reopened, but if possible should be covered with several feet of earth.

(*d*) Every suspicious case of sickness should be at once isolated, and every possible precaution taken to prevent infection, by providing attendants who have had the disease, and thorough disinfection of all discharges from the sick. If the disease prove to be yellow fever, all articles of clothing and bedding used about the sick should be burned, the house should be vacated, and every room tightly closed and fumigated with burning sulphur.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Volume 1, No. 1," appears on half a dozen periodicals which reached us last week. A few words will be due each of these new births. "The American Journal of Electrology and Neurology," edited by John Butler, M.D., and published by Boricke & Tafel, New York, is to be a quarterly, supported by homœopathic writers on this specialty. The "Journal of the Eclectic and Liberal Medical Association of Eastern Indiana" is edited by N. G. Smith, M.D., of Lewisville, Ind. Its scope is obvious from the title. Enough of it. The "Home Medical Journal" comes from Boston, Mass. It announces that it is "devoted to the interests of health and hygiene in American households." These interests will not be furthered by the numerous quack advertisements it contains. "The New Era; Organ of the Law and Order Temperance Movement in Ohio," Columbus, Ohio; a rabid prohibition sheet. "The Cosmopolite," of Sioux City, Iowa, which looks as if it was started in the land selling interests.

——Several reprints in the department of ophthalmology have been received from Dr. M. Landesberg, of this city. They show him to be an acute observer and faithful student. In one of his latest papers, "on the therapeutic uses of Eserine in glaucoma," he gives what is likely to be a needed warning, which we quote in his own words:—

"If I draw the *final conclusion* from my observations, I must regard eserine to be not only an unreliable, and, in the most cases, worthless remedy in glaucoma, but also a very dangerous one, which, by its primary results, may lull the patient as well as the attending physician into a delusive security, endangering thus the favorable chances of another more efficacious therapeutic action. Especially insidious is eserine in the hand of the patient. The latter, convinced by the primary results of the high value of the remedy, will resort to it in all the following paroxysms, without consulting the physician, and will only desist from his experiments when a larger part of the sight has been irrevocably lost."

——The annual report of the State Lunatic Asylum, Utica, N. Y., contains the usual statistics, and also an interesting pathological report, giving the post-mortems of a number of cases. The superintendent makes the following important observation on the results of these autopsies:—

"In regard to the pathological affections of the ganglionic elements of the nervous centres, it seems that the so-called pigmentary degeneration resulting from the absorption and deposition of material in the protoplasm of the ganglion cells, furnished by the decomposition of emigrated red blood corpuscles, is of far more import than has hitherto been admitted. Especially in the brain of paretics it can be demonstrated that this pathological process may lead to a complete destruction of the ganglion cells, to a transformation into granular, dark-brown colored masses, with disintegrated prolongations resembling the former cell body only in the raw outlines."

——An able and timely monograph has been published by Delahaye & Co., Paris, entitled "La Trepanation Guidée par les Localisations Cérébrales. Par le Docteur J. Lucas-Championnière, Chirurgien des Hôpitaux, Rédacteur en Chef du *Journal de Médecine et Chirurgie pratiques*, membre de la Société de Chirurgie. 1 vol. in-8 de 180 pages; price 3.50 fcs." The author studies very successfully the records of trephining, to show the observed effect of the operation on nervous lesions coincident with the wound. He believes functional localization opens a new field for the operation. He goes so far as to formulate the rule, that given certain motor troubles consecutive to lesions of the skull, it is possible by their study to determine sufficiently precisely the cerebral lobe implicated to guide the hand of the surgeon in operative measures on the skull by trepanation. Certainly, if anything near this can be achieved, the advance is great. The work will be studied with interest by surgeons.

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THE FACTOR OF TEMPERATURE IN CLIMATE.

The most prominently important feature in the geography of a health resort is its temperature. It is astonishing how little is understood by even professional writers on this subject, and how rarely are we furnished with information which fully covers all that the reader must know in order to form a correct opinion as to the sensations of heat and cold he is likely to experience in a given locality. These sensations are far from being indicated by an ordinary thermometrical record; and we shall proceed to point out exhaustively what elements are indispensable to a correct understanding of temperature as it affects sensation. We preface our remarks by saying that in the numerous articles and books we have examined on this topic we have not found a single one which fulfills the conditions necessary to accuracy.

First, it is obvious to all that a yearly, seasonal or monthly average of thermometrical readings is of scarcely any value at all in this connection. Even a table of daily averages is no better. For example, a daily average of about 70° is found in certain months at Callao, Peru, and also in the desert of Gobi; but there is not the least similarity in the sensations of heat and cold experienced in the two localities; for, whereas in Callao the thermometer rarely varies 10° in the twenty-four hours, in the desert of Gobi it is not uncommon to have at midday a temperatnre of 90 to 95° in the shade, and at night to see the mercury below the freezing point. Hence, the *range* of the thermometrical readings is much more important than the *average*. DOVE recommended that, for practical purposes, periods of *five days* should be selected as sufficiently short and convenient of mathematical handling, and in these periods the maximum, minimum and average be shown. To give the monthly range he very properly condemned as valueless for purposes of comparison of sensation.

The *solar power* is another very important element in a climate. We have frequently heard patients speak of it, but it rarely appears in meteorological records. Yet its effect on personal comfort is great. Along the Riviera the out-door air in winter is very pleasant in the sun, but in the shade is singularly chilly and penetrating. In the Lake Superior region, in summer, the rays of the sun are frequently unpleasantly hot, while the shade is disagreeably cold. Localities differ widely in this respect. At Muscat, in Arabia, the difference between the temperature in the shade and in the sun has been noted at times at over 90° Fahr.! Such differences as these greatly diminish the claims of a spot to being a pleasant one for sensitive subjects.

Even where the range is low, and the solar power moderate, very wide differences in sensation are experienced, owing to the amount of *moisture* in the atmosphere. The comparison of the wet and dry bulbs is indispensable to an understanding of a climate. All know that a dry cold or heat affects sensation far less than when the air is damp. We have seen a room in a Turkish bath heated to 235°—more than 20° hotter than boiling water—yet bathers remained in it for several minutes with impunity, as the air was

thoroughly dried. The least moisture would have scalded them to death. On the other hand, at Davos, in Switzerland, in the dry Alpine air, consumptives and other delicate patients will sit out of doors without overcoats, when the thermometer is below the freezing point, and neither suffer from cold nor experience ill results. Moisture promptly exalts the sensations. An experienced traveler told us the most oppressive heat he had ever experienced was in the moist season on the Caribbean Sea, when the thermometer was not above 80° or 82°, but the air was saturated with moisture. What in Calcutta is known as "sunstroke weather" is when the sky is clouded and the atmosphere foggy, although the sun is obscured. A damp cold is well known to be of the "chilling" kind.

Another factor that influences our sensations is the motion of the air, the *wind*. Bayard Taylor, who experienced a cold of 50° below zero in Lapland, says it is bearable so long as there is no wind, but with a strong gale it is almost certainly fatal. The unpleasant sensation of coldness is aggravated by winds up to a temperature of about 70°; while over that they act agreeably, by reducing the sensation of excessive heat. There are, however, some exceptions to the latter statement. The Sarmattan and other winds from the deserts of Sahara and Arabia are, for some not very clear reason, far more oppressive than a still air of the same temperature, and they retain this character, no matter whether they blow directly from the desert, as at Cairo or Muscat, or whether they have passed over hundreds of leagues of sea, as when they reach Genoa or the Madeira Islands. A similar land wind prevails at times at Buenos Ayres, which has a peculiarly exciting and irritating effect on the nervous system. When it blows the best natured man grows crusty, and the virtues of patience and affability are at a high premium.

The *atmospheric pressure* also influences the sensations of heat and cold. As a rule, the greater the pressure, the more sensitive are the nerves to impressions of temperature. Residents on high plateaux are never sunstruck and support cold well. The demands made by the respiratory and circulatory system on account of the rarefied air explain this to a degree; and the relation of pressure to moisture also comes in for a share.

Finally, the *earth temperature* must be considered. All know that at a distance, which varies with the character of the soil, below the surface of the earth, a point is reached where a thermometer will constantly register the mean temperature of the locality. Approximately, the greater the absorption of heat by the soil, the deeper will this point be; and, of course, the deeper the heat penetrates the soil, the slower will radiation be, and consequently the more gradual the change from the diurnal to the nocturnal extremes, and hence, the more safe and agreeable will be out-door life and residence on ground floors.

All the above data must be furnished before a reader can form a correct opinion of a health resort, with reference to this single feature of its effects on sensations of heat and cold. Yet, we repeat, we have not found one description in which these data are supplied. We had it in mind to take up a few of the late circulars and books on health resorts, and illustrate how absurdly deficient they are, but we think better of it, and will let the reader do so for himself. One remark, however, we may add, and that is, that so long as medical writers are contented to give such lame and inadequate attention to these climatic considerations the important remedial resource of a change of climate will continue in the same foggy, vague and unsatisfactory condition that it now is, instead of being the most potent for good in many diseases, which it could be made.

Notes and Comments.

Therapeutical Notes.

BARIUM CHLORIDE IN ANEURISM.

This substance, in doses of gr. $\frac{1}{5}$–$\frac{1}{3}$, three times a day, has been successfully tried in aneurism by Dr. F. Flint (*Practitioner*, July, 1879). He says of it:—

"In my opinion preference should be given to the chloride of barium in fusiform aneurisms, which have hitherto not been very amenable to

treatment; also in the aneurisms of advanced age: and it might also be tried in any case in which iodide of potassium is inadmissible, or does not promise to be useful."

EUCALYPTUS IN NEPHRITIS.

In albuminuria and post-scarlatinal nephritis, Dr. Wm. Anderson, of Brooklyn, has used, with good results, the elixir and fluid extract of eucalyptus (*Proceedings of Kings' Co. Medical Society*, Aug., 1879). He expresses himself very decidedly as to the benefit he has witnessed from it. He gives gtt. x of the fluid extract, in water, every four or six hours.

UNGUENTUM PETROLEI IN ECZEMA.

An English writer strongly recommends this petroleum product in eczema, for the following reasons: 1. It immediately allays the irritation, and the patient ceases to scratch. 2. It evaporates, and so, unlike most ointments, it does not form a sticky mass, which keeps the irritating discharges in contact with the inflamed skin, and which has to be washed off every time a fresh dressing is applied; and, unlike lotions, it does not render the surrounding tissues sodden. 3. It dissolves the crust of scabs. 4. It is antiseptic.

IODOFORM LOZENGES.

These, as recommended by Dr. Whistler, of London, are—

℞.	Refined gelatine,	1 part
	Mint or fennel water,	2½ parts
	Liquid cochineal,	q.s.
	Glycerine,	2½ parts.

Mix, and make into a base. To a sufficient mass of this—

	Iodoform,	gr. ij.

For one lozenge.

The advantage of this over the ordinary lozenge is that it is flexible, and perfectly unirritating to the mouth; the gelatine affords more relief to dryness of the mucous membrane than other vehicles, and they can be made by any druggist, as no drying oven or special apparatus is necessary.

THE REMOVAL OF MOLES.

For these unsightly marks Mr. B. Godfrey recommends acid nitrate of mercury. His plan is to take a fine-pointed glass tube, and having dipped it in the caustic solution, to dot all round the hirsute mass, upon the healthy skin, where they both join; then to dot points through the mass, like the white squares upon a chess-board, leaving the blank ones to be treated in a similar manner in a fortnight hence. By such a method he prevents too great an inflammatory action setting in, and makes a less scar in the future.

The Bite of the Skunk.

In the *Forest and Stream*, of recent date, is a contribution to the question whether the bite of the skunk is poisonous and will produce rabies. In the West and Southwest of the Mississippi Valley this seems generally believed. A writer from Colorado quotes several instances.

Dr. Cushing, of Trinidad, Colorado, who has, no doubt, seen several cases, gives it as his opinion that the natural bite of the skunk produces hydrophobia—that it does not need to be suffering from rabies itself. He says its bite will kill the victim sooner or later, without fail. Dr. W. L. South, who has had great experience in Texas and New Mexico, says "the bite will fetch the victim some time," meaning that it will sooner or later result in death.

We do not believe this is the case in the eastern States. The skunk is very common in Pennsylvania. We have seen dogs bitten by it, and have known those who hunted it constantly for its valuable skin; but have never heard of any such ill result from its bite, either in man or dog.

A Peculiar Micrococcus in Gonorrhœal Discharge.

In the *Centralblatt für Med. Wis.*, July 12th, Dr. Albert Neisser, of Breslau, announces the discovery of a peculiar form of micrococcus in gonorrhœal pus. It is circular, or oval in outline, not colored by indulin or methylgreen, usually in colonies of ten, twenty or more, surrounded by a membrane, generally found on the upper surface of the pus cells, rarely on the epithelial cells.

Dr. Neisser found these bodies in the gonorrhœal discharges of both sexes, in acute and chronic cases, and in various cases involving the eyes. He believes they are characteristic of the disease, though he does not express himself positively on their pathological significance.

The Ammoniacal Sulphate of Copper in Tic Douloureux.

The *Bull. de Therapeutique* for April states that Dr. Féréol, of the Lariboisière, has met with an amount of success in the use of this almost forgotten remedy in four cases of old and obstinate tic douloureux, that leads him to believe that it is one to which attention should again be drawn. He prefers the fluid form, as in the following mixture:—

℞.	Distilled water,	100	
	Syrup of orange or mint,	30	
	Ammoniacal sulphate,		10 to 15 M.

This to be taken chiefly at meal times, within the twenty-four hours.

If the neuralgia persist, the dose may be gradually increased; and in one case as much as sixty grams per diem was given, but then began to cause gastro-intestinal disturbance. Even in the ordinary dose, after two or three days, fetid breath and a metallic taste may be perceived; but in spite of this, the medicine must be continued at ten centigrams per diem for twelve or fifteen days, especially at meal times.

Improvements Suggested in Lunatic Asylum Organization.

At the close of a searching review of the attempted asylum reform in New York, a writer in the *Journal of Nervous and Mental Disease* presents the following resumé of the changes in asylum organization and management, suggested by the movement for reform now in progress in New York:—

1. To abandon the theory of asylums which considers them chiefly as lunacy cures, established for the benefit of local interests, and to be maintained by lobbying and advertising.

2. To abolish the local boards of trustees, and adopt a system of State management for State institutions, with a single responsible head, in place of the present formal management.

3. To devolve the medical and general supervision of asylums upon the State Board of Charities, which should be composed in large part of physicians.

4. To enact a law similar to that providing for the removal of trustees of savings banks for abuses of trust, so that commissioners or trustees, charged with the supervision of asylums, and neglecting or abusing their trusts, might be summarily removed.

5. The enforcement of a law never carried into effect authorizing the admission of private patients into asylums only when there are vacant places not required for public patients; and the charging of a uniform price of maintenance to both these classes, instead of leaving, as now, the price to be paid by private patients at the discretion of the superintendent.

Plugging the Cervix Uteri for Metrorrhagia.

At a late meeting of the Obstetrical Society of Paris a discussion on the treatment of metrorrhagia was introduced, and among the various manipulative measures that were referred to, preference was given to plugging the cavity of the neck of the womb, which had several advantages over plugging the vagina in such cases. It stopped the blood more effectually, the patients bore it better, and there was less chance of putrid absorption. Each speaker recommended his own plan; but that adopted by M. Panas seems to me the best. It consists of introducing into the cavity of the uterine neck a pledget of cotton wool, rolled up to about the thickness of a goose-quill, and steeped in a solution of the perchloride of iron of the *Codex*, to which is added one part of water, to prevent its caustic effects. This being done, he introduces a ball of cotton wool and places it in the posterior *cul-de-sac* of the vagina, where it not only forms a support to the uterine plug, but it absorbs any liquid that may escape through it, and thus protects part of the vagina (which is covered with the peritoneum) from the corroding effects of the perchloride of iron and the acrid discharges from the womb.

Correspondence.

Partial Inversion of the Puerperal Uterus.

Ed. Med. and Surg. Reporter:—

I was called to see Mrs. S., aged 17, American, on April 11th, 1879, at 8 A.M. Found her in labor, which had passed to the second stage. The os was well dilated, and the head was presenting in the second obstetric position (R. O.A.). She gave a good history and was in good health. She had been in labor about twenty-four hours, but the pains at that time were regular and moderately effective. The child was born at 10.45 A.M., after which I kept my hand on the abdomen over the uterus, to see that it was contracted, and also to stimulate it, if need be, by gently kneading it. In about fifteen minutes the placenta was expelled. As the uterus contracted, the uterine tumor seemed to leave my hand, and, indeed, seemed to be going out through the vagina. At this time blood flowed very freely. I evidently had a case of post-partum hemorrhage, and there was no time to lose. Not having electricity nor ice at my command, I immediately introduced my hand as a tampon, and applied cold water to the abdomen, which, happily for me and my patient, immediately stopped the hemorrhage. On introducing my hand, I found the cervix fully dilated, and the fundus down in the cervix and on the floor of the vagina. I pushed it back to its place and found complete inertia of the cervix; there seemed to be no action in it. I ordered some ergot, which did not arrive for about an hour. I then gave about five and a half milliliters of fl. ext. ergot, and continued on, giving it in two milliliter doses every half hour for two hours; at this time, being about three hours from the time the placenta was expelled, the cervix contracted so as to expel my hand. I then felt that my patient was in a more favorable condition. She had not lost a very great amount of blood, but it came very free until I introduced my hand, after which there was very little hemorrhage. I ordered milk and perfect rest. I saw her again in the evening;

she was doing well; pulse and temperature about normal. On the following morning, April 12th, the pulse was up to 112 per minute, and temperature 99°, feeling very well. She continued on about the same for 12 days, with pulse up, and temperature at no time above 99½°. On the fourth day the lochia started, was normal in appearance and amount, but stopped on the eighth day, and did not appear again. She made a good recovery.

The cause of the trouble, I think, can be traced to the first stage of the labor. When we think of the head pressing against the cervix the length of time it did, we cannot but expect to find the parts destitute of action and almost of life. The os had evidently been rigid and dilated very slowly, if at all, for a time. The long-continued pressure must have overcome the contractile power of the cervix, and left it in a relaxed condition. Then, when the time came for it to contract, it was not able to take part in the contraction with the rest of the uterus. The only muscular fibres that run directly across the fundus are the fibres of the external layer, and by their contracting, with no direct antagonist, as the circular fibres of the cervix did not seem to be acting, it would tend, we think, to draw the uterus more flat across the top, and in that way start inversion, which, I think, was the case here. The hemorrhage, I think, then came from the inverted portion of the uterus, as well as from the paralyzed cervix, and was controlled by the pressure of my hand against the bleeding surface. In regard to the pulse, I think the elevation was due to anxiety on the part of the patient, owing to the fact that she was not, or claimed not to be, looking for the birth until August. As was stated, the temperature was not above 99½°, and most of the time normal. She had a very good appetite, and gained strength very fast. Why the lochia appeared so late and disappeared so soon I am not able to say, as there seemed to be no trouble of any kind, except that involution went on slowly, but naturally and completely.

Stonerville, Pa. J. E. Rigg, M.D.

Frequency of Rigid Os Uteri.

Ed. Med. and Surg. Reporter:—

In your issue of Aug. 2d Dr. Simpson, of Thompson, Pa., gives us his experience in treating a rigid os. I have no fault to find with his treatment, but I think his arithmetic is out of tune.

He informs us that that obstinate organ has been "rigid" in 167 of the 218 cases he has recorded, and that he has treated them all with tartar emetic.

Is it not probable that a *rigid examination* of these cases would have shown nearly every one of them to have been no such thing, thereby saving his patients much unnecessary nausea?

In nearly double his number of cases I have not met with a dozen complicated with this trouble.

If this is the kind of medical literature we pay for, I am constrained to exclaim, in the language of the small boy, "Give us a rest!"

New Hampton, Iowa. A. Babcock, M.D.

[It is well to be temperate in criticism. If in over 400 cases of labor Dr. Babcock has not met a dozen cases of rigid os, it is either because his experience is wholly unique, or because he did not know it when he met it. Dr. Playfair speaks of this complication as "one of the most frequent causes of delay in the first stage" (Midwifery, p. 339). Dr. F. Barnes mentions it as "the most common cause of obstructed labor" (Manual of Midwifery, p. 151). Dr. Albert H. Smith says of one form of it, "I am constantly meeting with such cases" (Medical and Surgical Reporter, vol. xxxvii, p. 121). We recommend Dr. Babcock to read medical literature more closely, and we believe he will become better satisfied with the kind we give him.—Ed. Reporter.]

Case of Strychnine Poisoning.

Ed. Med. and Surg. Reporter:—

In reading the report of Dr. Chaplain's case of strychnia poisoning, in the Medical and Surgical Reporter for Aug. 2d, 1879, one must suppose the Doctor either failed to report the means employed for the relief of his patient or put forth no efforts to save his life, except the ineffectual effort to administer medicines by the mouth. In either case I think he has made an omission not readily excusable. In the first place, proceedings and treatment in reported cases should always be mentioned, not only for the enlightenment of those who peruse them, but for the clinical advantages which may be derived from them. If the Doctor employed no means to save the life of his patient (which I infer from his report), I would say he failed to do his duty, from the fact that there are a number of well authenticated cases on record where the same, or even larger, doses of the fatal drug were swallowed, with spasms developed (identical with the Doctor's case), where recovery has followed the various means employed. For instance, Dr. Dresbough's case, at Tiffin, Ohio, where the patient was alarmingly ill from grs. iij of strychnia swallowed, and where there was complete relief obtained in less than fifteen minutes, by ʒ ij of chloroform, taken internally. (See *American Journal of Medical Sciences*, xix–546.) Cannabis Indica has proven effectual in a case reported by Dr. S. A. M. Williams, Chicago. The man had taken five grains of strychnia; was violently ill; under drachm doses tr. cannabis indica, repeated every five minutes, then gradually giving the dose at longer intervals, etc., complete recovery occurred in forty-eight hours. (Medical and Surgical Reporter, Feb. 2d, 1867.) So a number of other cases could be cited, in which recoveries from strychnia poisoning have occurred under the timely use of antidotes.

Reasoning from the above and other recorded cases, and from the physiological effects of strychnia, I think, in a case like the one reported, inhalation of chloroform, ether, or nitrite of amyl should have been resorted to at once, with

the hope of overcoming convulsions, thereby enabling antidotal medication by the mouth.

Hypodermic medication would have been available, at all events, in spite of, and perhaps with the effect of, breaking up the convulsions in which the patient died, in which case further treatment would have suggested itself, with probable recovery of the patient, and another recorded victory for science. Had the case ended fatally (as it did), the Doctor could have felt that he had done his duty, and the profession at large could have felt that science had been defeated in a noble, but unfair, fight.

The fear that the perusal of the Doctor's report might leave an impression on the minds of some readers of the REPORTER that nothing should be attempted in such cases, prompted this communication. GEO. P. YOST, M.D.

Loganville, Pa.

[We have inquired of Dr. CHAPLAIN in reference to his treatment, and he replies as follows:—]

The case of S. D. Fletcher was reported more especially to give the quantity of strychnia swallowed, and the time elapsing before death. As regards treatment, it was absolutely nothing. An emetic was first ordered, which, in all probability, would have proved useless, since the strychnia had been taken twenty minutes before, on an empty stomach, and doubtless had already passed out of that organ. An attempt was also made to administer whisky. But when a powerful man, as this one was, determines that nothing shall be done to save his life, and resists to the utmost your efforts to relieve him, of what avail are the services of the physician? Neither hypodermic nor anal syringes were at hand, and could not be procured before the death of the patient.

L. CHAPLAIN, M.D.

Treatment of a Case of Anasarca by Punctures in the Lower Extremities.

ED. MED. AND SURG. REPORTER:—

Mr. A. L. F. was an unmarried man, of about thirty-three years of age, rather irregular in his habits and morals, but generally healthy and robust. At the time I was called to see him (April 12th. 1879) he had been treated by an irregular physician, for dropsy, by the administration of powerful hydragogue cathartics, with the object, no doubt (on general principles), of producing watery evacuations. In spite, however, of this heroic treatment, anasarca gradually succeeded upon dropsy, until the extremities were extensively distended, and the amount of fluid contained within the cavity of the abdomen was sufficient to produce mechanical obstruction to the breathing. Following the advice of one of my former professors while a student at McGill University, I resolved to make a sufficient number of openings through the skin in the lower extremities to favor the escape of a portion of the fluid. This was done on the 15th of April, five punctures being made with a Symes' knife, in each limb, below the knees. I had come to the conclusion, from the history of the case and the objective symptoms, that this abnormal condition of the body and limbs was caused by obstruction to the renal circulation, through congestion of the tubules, brought on by exposure to cold: consequently, under this conviction, I placed the patient under a constitutional treatment by diuretics and tonics. As a diuretic, was given—

R.	Fluid extract digitalis,	℥ ij	
	" " scillæ,	℥ ij	
	Spirit. ether. nitrosi,	℥ ij	
	Aquæ puræ, ad,	℥ iv.	M.

SIG.—A small teaspoonful every four hours.

As a tonic, was given—

R.	Ferri et quiniæ citratis,	℥ ij	
	Acid muriatic. diluti,	℥ iij	
	Glycerinæ,	℥ ij	
	Aquæ aurantii, ad,	℥ iv.	M.

SIG.—A teaspoonful every four hours.

I visited the patient every second day subsequent to the operation, and was extremely gratified with the result, which seemed in every way favorable. At the end of the eighth day the amount of serum that had been discharged was estimated at over two gallons; nor was I disappointed in the excessive prostration which supervened. It was fortunate for the patient that so gradual a process of evacuating the serum was devised, as, had it been more sudden, I do not believe that the patient would have rallied. Under the combined administration of tonics and diuretics, in a few days the patient expressed himself as feeling much more comfortable than he had been in weeks previously. The anasarca had nearly all disappeared, and the breathing was not obstructed. The incisions made by the knife were readily healed by bandaging and the application of an ointment made of subacetate of lead, camphor and opium. I have alluded to this case in so far as it relates to the operation of puncturing the lower extremities in the treatment of anasarca. The relief afforded in this case warranted the operation, and under similar circumstances I would not hesitate in resorting to the operation again.

A. O. STIMPSON, M.D., C.M.

Thompson, Pa., August 17th, 1879.

NEWS AND MISCELLANY.

Epidemic Disease.

The yellow fever continues in Memphis, from 20 to 25 new cases occurring daily. It is believed, however, not to be epidemic in any other of the Southern cities. Houston declared quarantine against Galveston last week, but the authorities of the latter city insist there is not a single case of fever there.

The following despatch from Warner P. Sutton, United States Consul at Matamoras, to the Secretary of State, is dated at Brownsville, Texas, August 10:—

Reliable information from Tampico, August 1st, says: "We have a yellow fever epidemic worse than New Orleans last year. People die like flies. Quarantine at Bagdad against Tampico still efficient."

The official statement of the mortality of

Havana during the month of July shows 475 to have died from yellow fever, and a total number of 1151 deaths against 1386 deaths in July last year, a decrease of 235.

Dr. J. W. Compton, of Evansville, Ind., gives some statistics of an epidemic of scarlet fever which had prevailed there since January last, remarkable for its continuance rather than its severity. The public schools continued fully attended, against the protest of Dr. Compton, who ascribes to that cause the maintenance and propagation of the disease. In a population of 40,000 there were 570 cases and 121 deaths. Ratio of cases to population, 14.25 per 1,000; of deaths to population, 3.02 per 1,000; of deaths to number of cases, 21.23 per cent.

Smallpox of a malignant type has broken out at Lanse St. Jean, on the Saguenay, Canada, and is raging very badly in the district, where there is no medical attendance.

Curious Relation of Religious Belief to Epidemics.

The Montreal *Witness* states that diphtheria is more prevalent among the Protestant section of Montreal community than among the Catholic. It is not a mere coincidence, nor is it of a temporary character. A study of the health statistics of Montreal for several years past reveals the same state of things. It is the more peculiar, inasmuch as the general death rate is much higher with the Catholics, particularly so in contagious diseases, and conspicuously so in the case of smallpox. But these admit of explanation. The only solution of the problem seems to be that the bulk of the Protestant community reside in the upper part of the town, where the drainage is less perfect than in the lower town.

British Medical Association.

The Association met at Cork on the 5th inst. We have received a full report of the proceedings, by the kindness of Dr. Laurence Turnbull, of this city, one of the invited guests of the Association. It will appear in our next number.

Items.

—It is suggested in a Western newspaper that there shall accompany the publication of the next census returns a list of persons in the United States who have lived their hundred years—the centenarians to be hunted up by the postmasters and the names to be preserved at Washington.

—The health authorities of New York city have been inspecting the tenement houses. They find that in many of them whole families sleep in a single room, where there is not a window, and no other ventilation than such as the door affords; the cellars and adjacent areas usually answer as a receptacle for dead cats; nobody ever seems to pay any attention to burst waste pipes, and sewer gas fills most of the rooms day and night.

—The meeting of the Canada Medical Association has been postponed to the second Wednesday in September.

Personal.

—The President has appointed Philip I. Wales, M.D., of Maryland, Medical Inspector U.S.N., and Chief of the Bureau of Medicine and Surgery, Vice J. Winthrop Taylor retired. Dr. Wales has at times contributed valuable articles to the MEDICAL AND SURGICAL REPORTER.

—Dr. William O. Mosely, Jr., a young physician of Boston, met his death on the Matterhorn, in Switzerland, Aug. 15th. He had made the ascent, and was descending, when he slipped and fell over a precipice, killing him instantly.

—The Cleveland physicians referred to on p. 66, Drs. Schneider and Smith, are homœopathic brethren.

QUERIES AND REPLIES.

Codex puts the following:—"A. is a regular practitioner; B. is a homœopath. B. is very deaf, and A., on invitation, sometimes accompanies him to examine cases of heart or lung disease; does not consult, prescribe, or charge or receive a fee; simply lends B. his ears. Does he violate the code?"

ANS.—The patients and their friends seeing the two physicians together, will regard them as associated, and therefore will believe the regular physician countenances and supports the practitioner of the exclusive dogma; hence, it seems to us, the general effect will be as detrimental and as contrary to the Code as a deliberate and full consultation.

Dr. *K. R., of Ky.*—Creosote has been occasionally employed in typhoid fever. Dr. Pecholier, of Paris, reported some cases about ten years ago, believing them very favorable. We have no personal experience with it.

Franciscus.—It is probable that the insanity of Charles VI, of France, was due to a sun-stroke. The child of the "woman of Shunem," in the Old Testament, is another historical example of the same accident.

Dr. *William.*—Second-hand medical books sell very low; you could not get much for them in this city.

Dr. *M. K. M.* asks—"Is it proper for a physician to prescribe by letter for patients he has never seen? I do not mean through another physician, but directly."

ANS.—Yes it is. The most respected men in the profession do it. Nevertheless, it is capable of great abuse.

DEATHS.

BROWN.—At Hartford, Conn., on Saturday, Aug. 9th, Dr. Chauncey Brown, of Farmington, Conn., aged 75 years.

BUCKINGHAM.—In this city, on the 25th ult., George B. Buckingham, youngest son of Dr. T. L. Buckingham, in the 20th year of his age.

CHAPIN.—In New York, on Saturday, Aug. 2d, 1879, Reuben S. Chapin, M.D., aged 61 years.

CHURCH.—In New York, on Thursday, Aug. 7th, Dr. Austin Church, in the 81st year of his age.

PETERSON.—In this city, on the 23d ult., Blanche, wife of Dr. Robert E. Peterson.

ROWLAND.—In New York, suddenly, on Thursday, Aug. 7th, Charles Rowland, M.D., in the 80th year of his age.

SMYTH.—In this city, on the 24th ult., Francis G. Smyth, M.D., aged 35 years.

YOCUM.—In this city, on the 21st ult., of typhoid fever, Benjamin B. Yocum, M.D., in his 34th year.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

REPORT OF A CASE OF STRICTURE OF THE MALE URETHRA (TRAUMATIC), WITH DILATATION, PUNCTURE OF THE SAC AFTERWARD, AND OPERATION, WITH GOOD RESULTS.

BY D. PORTER MORGAN, M.D.,
Of Clarksburg, W. Va.

Case.—June 6th, 1878. Drs. J. M. and J. W. Bowcock, Allen Gittings and myself went several miles into the country to see this patient, Dr. J. M. Bowcock having received a note from an old country physician, asking him to come "prepared to operate on the penis."

The patient, Jas. R———, aged 17 years, was kicked by a horse, on the under surface of the erect penis, two years before, from which stricture supervened (there was no external wound), which was followed by dilatation of the canal of the urethra, commencing about 1¾ inches from the meatus, and extending almost to the bulbous portion. The boy informed us that after the accident he suffered intense pain many days, and was experimented on by a host of so-called "doctors," among the rest the "Indian" (Negro) doctor. They all tried a number of times to pass a silver *female* catheter (this seems to have been the entire stock of genito-urinary instruments) into his bladder, but failed, of course. The boy asked one of these *intelligent* and *learned* gentlemen for a silver probe which he saw, having obtained which, he passed it into the pouch or cul-de-sac, and by this means was enabled, after a few days, to empty his bladder and thus relieve himself. From the time of the accident until a day or two since, he tells us, he was enabled to empty his bladder pretty well by forcing his urine into this pouch, and then using firm pressure with his hands, could empty the pouch. He did very well until June 4th, 1878, when he found it impossible to expel any urine whatever by any means known to him. His demand becoming urgent, he informed his father, who immediately placed him upon a horse and carried him to the nearest "doctor," who kindly informed him that he knew but little of the urinary organs, and that he would not undertake even to pass a catheter. The father then carried him to West Milford, to old Dr. Drew, who immediately punctured the pouch, inserted a female catheter and relieved the boy for the time being, after which he wrote the note aforementioned to Dr. Bowcock.

We found him a well-grown boy, whose general health was pretty good, in the following condition: A stricture, before mentioned, 1¾ inches from the meatus, through which we found great difficulty in passing, but finally passed a Simpson's sound or uterine probe. This pouch or sac was about 12 inches in circumference, firm, solid, and to external appearances indicated that there might possibly be fibroid thickening. Dr. D. wanted us simply to amputate the penis *in toto*, and thus end the matter, which proposition we, of course, immediately declined. We decided, inasmuch as there was already a fistulous opening into the urethra, to lay open the pouch and see what more could be done for this unhappy lad. At this stage it was found necessary to remove the patient, previous to operating, a distance of six miles, to a point at which he could be properly nursed. Having done so, we placed him on a bed and gave him a free supply of whisky; he

declined chloroform. We opened the pouch by a longitudinal incision along the course of the urethra; we found the integument and corpus spongiosum thickened greatly. The pouch contained a considerable quantity of urine, a great deal of white sand, some mucus, etc. After laying it open, we easily and completely broke up the anterior stricture, but found it very difficult to find the distal continuation of the urethra; in fact, there were such an immense number of little depressions or sacules in the mucous membrane, each looking as if it were the continuation of the urethra, that we were long in finding the true one, and finally, when almost worn out, after three and a half hours of hard work and manipulation, we succeeded, by having the patient force a little water from the bladder, which he did, in a stream not larger than a cambric needle. This found, we experienced very great difficulty in introducing any instrument at all, but finally succeeded, after very great effort, in passing the sharp point of a little silver probe, which we quickly followed by a fine grooved director, then taking a sharp bistoury we slit the opening and passed a No. 8 flexible catheter through the meatus into the bladder, tied it there, closed the external wound by interrupted sutures and adhesive straps, put the boy to bed, gave him morphia sulph., gr. ½, and left him. When seen a few days after, it had mostly healed by first intention. I cauterized it on the eighth day, and about the twelfth day Dr. Bowcock freshened the edges, and so far as we know he recovered entirely. At the end of three weeks the flexible catheter became rough and irritable. We sent him a new one, which he introduced himself, and which he retained until able to abandon it. He is reported quite well.

TWO CASES OF PUERPERAL CONVULSIONS.

BY J. W. HAMILTON, M.D.,
Of Brooklyn, N. Y.

For the purpose of recording my own convictions on this serious complication of labor, I desire to describe the only two well marked cases that have occurred within my personal observation during a practice of nearly twenty-five years. Beside this, the treatment adopted in the cases referred to fairly represents that in vogue at the respective periods named.

The first case occurred in the city of Philadelphia, in the summer of 1855, and only a few days after my sign for the first time adorned my window shutter. I found my patient, a healthy, robust, young married woman, a primipara, lying on a lounge in the dining room, wrestling in the throes of a violent convulsion. Upon inquiry I learned that the hour of her expected accouchement was nigh, and that she had had several convulsions on the same morning, prior to my arrival. Thanks to the pointed and graphic teachings of the late Prof. C. D. Meigs, the subject had been so rooted and grounded within my nature, that I at once recognized the condition of things, and fully appreciated the gravity of the trouble with which I had to deal. No one who attended his lectures during the years of 1853, 1854 and 1855, ever left the amphitheatre in doubt as to his duty in such an emergency. In this case the only question was who should discharge that duty? Conscience and duty said bleed, prudence said wait, and let some one else do the work. Prudence won, and I at once dispatched a messenger for my friend, Dr. Arthur McWhinney. In the meantime the patient had been removed to an upper chamber. Convulsion after convulsion followed each other in rapid succession.

Dr. McWhinney promptly responded to my call. Taking out his lancet, after having bandaged the arm, it was only the work of a moment, and the next a full, round stream came gushing from the median basilic. About the quantity taken I do not now remember, but the effect was magical. The convulsions were at once broken. She opened her eyes and glanced wildly around the room, without, however, seeming to recognize anything of the surroundings. The flow of blood was at once stopped, the arm properly bandaged, and Dr. McWhinney left. Before leaving he had advised me, in the case of a recurrence of the convulsion, to remove the bandage and again allow the blood to flow freely. Nor had I long to wait, for again she was in a convulsion (although in a greatly mitigated form), and again was it arrested by the flow of blood. In the meantime the uterus was doing its duty efficiently. The pains, without interruption, were coming with increased force, and the head rapidly descending. Finally, as if nature had been husbanding her resources for the last great struggle, and in the midst of a convulsion, the most terrible since the first bleeding, the head emerged from the vulva, the child was removed, and this was the last convulsion. In a few moments consciousness returned, but the past was an absolute blank, and when the child was held up to her view she was incredulous. She had not realized its birth, and knew nothing of the pain through which she had just passed.

She made a speedy recovery and the child did well.

The next case occurred in the city of Brooklyn fifteen years later. Like the first, it was a primipara, young, healthy, well nourished, and full of courage. She was taken with convulsions soon after my entering the house; whether she had any before my entrance I do not recollect. As in the first case, we met for the first time at the bedside. The usual temporizing policy, so much in vogue at this time, was pursued; chloroform, verat. viride, etc., were freely administered. A consultation was called. Everything was done save the right thing, and our patient died. Just before breathing her last she was delivered of twins, stillborn, at about eight months' term. Had we been governed by that high sense of professional duty that should characterize every man's work, irrespective of outside clamor, and bled our patient, I believe we should have saved a life. It is just the consciousness of these mistakes that modify the pleasures attending the successes of a professional life. While standing at the bedside of the dead, I mentally resolved that, should it ever again be my fortune to be called to a similar case, no earthly power should interpose between me and what I conceive a plain professional duty. She should have the benefit of a full, free venesection. This being done, with such auxiliary measures as might suggest themselves, I should consider my patient comparatively safe; in default of it, I should feel no sense of security.

In conclusion, I will only add, that if the more youthful members of the profession, finding other means failing them, will give the one herein suggested a single trial, not faintly and grudgingly, but with that confidence born of faith and fair judgment, I believe they may have ocular evidence of its advantage over every other mode of treatment.

APPEARANCE OF THE TONGUE IN DISEASE.

BY JOHN A. HENNING, M.D.,
Of Red Key, Ind.

By request of some of your readers, I continue the further consideration of this subject, from No. 5 of this volume, page 99.

1. The *elongated* and *pointed* tongue invariably indicates irritation and determination of blood to the stomach and intestines. The extremities are often cold. It is also associated with excitation of the nerve centres.

This tongue is often found, but more especially among children. The indications are to allay irritation and divert the blood from the stomach and bowels. We should be very careful how we make our prescription in such cases, as, if we give an irritant cathartic it invariably aggravates the disease.

2. The *pinched* and *shrunken* tongue indicates atony of the digestive organs, often found in dyspepsia and kindred diseases. The treatment is plain, the pathological conditions being evident at a glance, from the appearance of the tongue.

3. The coating (*saburra*) or fur should be well studied. It may be greater or less in thickness, dry or moist, or clammy, more accumulated at the posterior portion.

It is said that when the tongue is heavily coated at the base, with a deep yellow coat, the liver is at fault. This is not always the case; and from my observation, more often not the case. I have seen cases of jaundice with a white-coated tongue. Tobacco chewers nearly always have a yellow-coated tongue, and their liver may be sound.

4. The *dry* tongue has a very important significance. When we have patients who are suffering from some form of fever, pneumonia, or any other acute disease, with such a tongue, they are in danger, and require close attention. In such cases nutrition and assimilation are suspended, and food cannot well be taken, and if taken cannot be properly assimilated. When given, it should be in fluid form, and always above the temperature of 100°, and of a character nutritive and digestible. The digestive organs can do but little work, yet proper food given at proper intervals does good; but these organs need all the rest they can get until the disease is subdued.

Dryness of the tongue is also associated with vascular excitement, and particularly with excitation of the ganglionic and nerve centres. Hence the arrest of secretion and this dryness. Here we readily read the state of the *nervous system*.

In many cases the sympathetic nerve is not only excited and irritated, but there is involuntary contraction of muscular tissue, thus suspending the secretions of the several organs. The indications are proper sedatives for the vascular excitement, and diaphoretics for contractions or excitement of the nerves, associated with other proper treatment. By this course we shall soon see our patient with a moist tongue, and some of the secretions reëstablished.

5. Often the tongue changes in the disease, from the dryness above referred to to a brown or black color, with sordes about the teeth. The common idea is that the system is in a typhoid condition. This is true, yet it undoubtedly means, also, that the *blood* is in a *septic* condition; a very important fact for us to know. Then our best antiseptics should be given, with stimulants and tonics.

Thus we can readily read, from the appearance of the tongue, the condition of the digestive organs, function of nutrition and assimilation, the condition of the nervous system and the state of the blood. Of course, we must take all other symptoms into consideration: yet the appearances of the tongue, as pointed out, seldom fail in giving us, at a glance, valuable information as to the true condition of the system.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Clinical Lecture, delivered by Professor T. Gaillard Thomas.

Reported for the Medical and Surgical Reporter.

DISEASES OF WOMEN.

Case 1.—Stenosis of the Os Internum—Endometritis and Sterility.

Gentlemen:—The first case which I show you to-day is a very important one, for the reason that it is so exceedingly simple. Sometimes, you know, we have cases which are important on account of their comparative rarity; so that it is a matter of consequence that you should note them with sufficient care to be able to recognize them afterward in actual practice, in case you should not have the opportunity of meeting with another of the same kind during your college course. Such a case was that of the old lady from Long Island, who was here last week, suffering in such a marked manner from the polypus hanging from her urethra, and who, unfortunately, has neglected her promise to return and have it removed to-day. Everything, I may say in passing, had been prepared for the operation; but this is one of those little disappointments to which we have to get accustomed here, on account of the uncertainties in regard to patients in such a clinic as this. The present case, however, is one of a class which you will meet over and over again in practice. They will, in fact, pursue you, so to speak, constantly; and you will find it a very difficult matter to be able to mark them on your books "discharged cured." They are perfectly easy cases so far as diagnosis is concerned; but their successful treatment will demand your most careful attention and no small amount of patience.

The patient's name is Margaret W.; she is a native of the United States, and twenty-six years of age. She has been married six years: but has never been pregnant. Here, then, at once, is the evidence, or almost the evidence, of something wrong about the woman.

How long have you been sick? "For six years." (Or, in other words, ever since her marriage.) What has annoyed you chiefly? "My stomach often swells up." (In order to get rid of this symptom at once, I will explain here that I found this "swelling up" due merely to tympanites. It has been a source of considerable anxiety to the patient, and she, no doubt, came here to-day with the idea that she was affected with some dreadful sort of tumor.) What else do you complain of? "I have the whites very bad." Do you suffer all the time from this? "Yes, constantly." What else? "Constant backache." Is there anything else that troubles you? "My feet sometimes swell, and I have pains down the limbs." Do you have much pain during your monthly periods? "I suffer terribly then." Does the pain come on before the flow, or after it has commenced? "It begins at the same time as the flow." And how long does it continue? "As long as the flow lasts." Then, when the flow stops you are free from pain? "Yes, except some headache for a little while." That is all that you complain of, is it? "Yes."

Now, gentlemen, in connection with this case, it is well to remember what I recently told you in my didactic lectures, that in the diseases peculiar to women we are constantly meeting the same general symptoms in almost all sorts of cases, and yet when we come to find out by physical examination what is the actual state of the pelvic organs, we ascertain that exactly the same symptoms may be due to at least ten or twelve different pathological causes. In this patient, as elicited by the history, we find a great many of the ordinary symptoms of uterine disease. What are they?

1. Severe and constant backache.
2. Constant leucorrhœa.
3. Violent pain during the menstrual period, beginning and ending with the discharge of blood.
4. Sterility.
5. Tympanites.
6. Headache, coming on about the time of the menstrual period, and continuing for some little time after it.

Let us, then, endeavor to find out what pathological conditions give rise to such a train of symptoms in this particular instance. It is well always to bear in mind that we do not make uterine examinations for the sake of discovering some peculiar fibroid, or some other rare and curious condition, but merely for the purpose of seeing whether it is not possible by this means to get hold of the key to the various symptoms in each individual case. The only question that should present itself, in any instance, to the examiner, ought to be, Can I discover anything which will satisfactorily account for the particular phenomena here presented? Now, in this case, the physician may, in his examination, perhaps, discover that the patient has a floating kidney. That would be a rare and curious fact. Or he might find that she was the subject of abdominal aneurism. That, too, would be very

rare and interesting. But neither of these pathological conditions would offer any explanation of the various symptoms complained of, and the medical attendant, unless he find something else abnormal, would not have got at the real facts of the case. Let me tell you, then, what was discovered here when the examination was made.

As soon as my finger reached the os uteri, I recognized it as that of a multiparous uterus. It was not specially small for a uterus of this character, but still quite small enough to indicate that the woman had never been impregnated. With two fingers of one hand at the cervix, and the other hand upon the abdomen, I was enabled to move the organ about freely in every direction, and I could also get my finger behind the uterus with the greatest facility. While I was making these manipulations, however, I was struck with the peculiar lubricity (there is no other word to express just what I mean) of the whole vaginal canal, as elicited by my fingers in the vagina, notwithstanding the fact that they were smeared with soap. I furthermore detected that there was a plug of something hanging from the cervix, which was sufficiently firm to be rolled between the fingers. Finally, I noticed that nothing was to be discovered about the ovaries.

The patient's position was then changed from the back to the side, and Sims speculum introduced; the posterior wall of the vagina being lifted up by the blade of the instrument, and the anterior wall held out of the way by means of the ordinary depressor. It then became evident that the plug hanging from the cervix uteri, which was of the color of the white of an egg, was composed of mucus; and as I touched it with the uterine sound it acted very much as a polypus might have done under the circumstances. Then I grasped it with a pair of ordinary dressing forceps and drew it out as far as the vulva without its becoming detached from the cervix. Next I directed a strong jet of water from a syringe upon it; but still it remained *in situ*. Finally, I took a small piece of dry sponge (it is important that the sponge should never be wet when used for this purpose), and, placing it in an ordinary sponge-holder, forced it up into the cervical canal. Now, twisting it around, I succeeded in breaking the hold of the tenacious mucus upon the arbor vitæ of the cervix, as it is called, and removed the entire plug, which measured six or eight inches in length altogether. At last the os was perfectly clear; and this method is, in my opinion, the only way of removing such a plug of mucus with any certainty.

By this time I had begun to arrive at a diagnosis. What was the matter with the patient? Well, for one thing, she certainly had cervical endometritis, and, in all probability, corporeal endometritis also. Now, have we got at the key of the case? Let us see. Can such a condition as this prevent conception? Undoubtedly; and it is quite possible that it should keep a woman sterile for a life-time. It would also account for the backache complained of; but when we come to consider the violent dysmenorrhœa also present, we find that it does not offer any satisfactory explanation of that. We shall, therefore, have to continue our examination further. We have certainly got hold of one key, but it seems that more than one is required for this case.

Proceeding, now, to introduce the uterine sound, I found that it was obstructed at the os internum, showing the existence of a stricture at that point. As the stenosis prevented the entrance of the sound altogether, I resorted to the smaller uterine probe, and presently succeeded in passing it over the obstruction into the cavity of the body. The moment I did so, however, the patient complained of the most extreme pain, and, in fact, the introduction of the instrument, under the circumstances, had very much the same effect that a dentist's probe would if knocked sharply against the exposed nerves and sensitive dentine of a carious tooth. The withdrawal of the uterine probe here was followed by some blood, which showed that the organ was in a state of intense congestion. I may also state that the uterus was larger than it should have been, the cavity measuring three inches instead of two and a half, which is quite remarkable in connection with the fact that she has never been pregnant. Here, then, we have the second key to the case.

But still, notwithstanding that we now have possession of the keys, it is a very difficult case. The patient has told us that she was perfectly well up to the time of her marriage, six years ago; but on questioning her a little more closely, I find that the dysmenorrhœa really commenced about two years before that time. The exact time of the beginning of her trouble does not matter; but from the present condition of affairs, I take it for granted that at some particular period, which is now too remote to learn much about, the patient did something which was the means of bringing on this uterine catarrh from which she is now suffering. While the uterus was in a state of engorgement, in consequence of the menstrual excitation, she, no doubt, exposed herself to cold; in all probability getting her feet wet. Like an ordinary cold in the head, for instance, this gave rise to a catarrhal condition, which, under the circumstances, naturally affected the uterus. In consequence of the inflammatory process thus set up, lymph was thrown out, and the stricture of the *os internum* finally resulted. Or, it is possible that the stricture was congenital, as is occasionally the case. At all events, we have two links in the chain of pathological evidence in this case. The first is this obstruction to the escape of menstrual blood from the uterus, and the second is the inflammation of the lining mucous membrane of the cervix and body of the uterus. In this way the dysmenorrhœa, the leucorrhœa, and all the symptoms, are accounted for in the most satisfactory manner.

What, then, is the prognosis here? If you should say there is an active inflammation going on, and I am going to apply active remedies, such as strong caustics, to the interior of the uterus, I should feel very skeptical, indeed, about your ever curing the case. In my opinion, the first thing to be done is to overcome the stricture at the os internum, and thus give free exit to the menstrual blood, which now always gets dammed up behind it. Although blood of this character does not coagulate nearly so

readily as ordinary blood, it always does coagulate under the circumstances present in this case. So little blood can escape that a clot soon forms behind the stricture, and then the uterus is driven to such active contractions (to the intense suffering of the patient), that it is at last forced through the narrow passage. Then the process is repeated over and over again (the uterus swelling up, contracting violently, and forcing the clots out), until the menstrual period has come to an end. Such a process as this is a very frequent cause of inflammation of the mucous membrane of the uterus, and sterility is extremely likely to result from its consequences. In the present instance the seminal fluid is prevented from entering the uterus, not only by the plug of mucus hanging from its mouth, but, also, by the obstruction offered by the stricture at the *os internum*.

In the treatment, then, the very first step is to overcome this stricture which has existed so long; and without this is done, as I said before, I do not believe it is possible to cure the patient. The question then comes up, what method shall we employ for this purpose? There are two principal ways of accomplishing the result desired; the first being by dilatation, either gradual or rapid, and the second by incision. In regard to dilatation, I may say that some authorities at the present day advocate very strongly what is known as the "glove-stretching" method. The patient is first etherized, and then forcible dilatation is accomplished by means of an instrument which works exactly in the same manner as a glove stretcher. This, as it seems to me, is a very unsurgical procedure. When the "stretching" is made, you can hear the tissues tear, like moist chamois leather, and an amount of violence is done to the parts which would seem as though it must be followed by the most injurious consequences; yet, nevertheless, very admirable results have been reported from it by a number of observers. But still I must confess that I am afraid of the operation, and would rather perform the bloodiest ovariotomy than attempt it again. I have had some little experience with it, and have seen just enough of it to make me thoroughly dislike it. It is, in fact, about as brutal as tooth drawing, and there certainly can be no more brutal operation than that in surgery.

A neater, and in my opinion more efficient, method of accomplishing the same result is by the persevering use of uterine tents. One objection to it, however, is that it keeps the patient in bed a good deal, while it requires considerable time, and not a little patience on the part of the medical attendant.

But the method of overcoming the stricture which I consider altogether the simplest and the safest, is that by incision. In performing this I would warn you against employing any instrument which acts in such a manner that you cannot really tell what is being done by it; and would advise the use of simply an ordinary probe-pointed bistoury, which should first be carried beyond the seat of stricture, and then drawn from within outward, dividing it in the same manner that a urethrotome would, in the case of a stricture of the male urethra. But the division of the stricture is not all. If the treatment of it should stop here, it would be a complete failure. After the incision has been made, it is important that a glass plug or short stem pessary should be inserted in the cervical canal, and retained in position by means of a pessary in the vagina, until permanent dilatation of the os *internum* has been accomplished.

From this time free escape for the mucus would be permitted all the time, and free exit for the blood at the menstrual period. This would, no doubt, completely relieve the dysmenorrhœa, and accomplish not a little toward the cure of the patient; but you would still have the endometritis to treat (I cannot now go into the details of such treatment), to say nothing of the sterility. Still, under any circumstances, I would not promise the patient a complete cure; and especially in regard to the last point. In a considerable proportion of cases, however, impregnation does take place after such a course of treatment as I have indicated in this instance; and when pregnancy once occurs it seems to exert a very beneficial effect, in permanently restoring the uterus to its normal condition. I have devoted a considerable amount of time to this case, simply because, as I said, large numbers of just such patients will consult you in the future, and I want you to fully comprehend the difficulties which you will meet with in connection with them, as well as the best methods of overcoming them.

Case 2.—Large Uterine Fibroid.

The next patient is Eliza C., a native of England, forty years of age, and single.

How long have you been complaining? "For three years." Were you perfectly well up to three years ago? "No, I was not." But your present trouble commenced then? "Yes." In what way did you suffer before that time? "I lost a great deal too much blood at my monthly periods." Did you lose any between your periods also? "Yes, frequently." For how long did this state of affairs continue? "For about fourteen years." Now, what have you complained of during the last three years? "Principally pain in the bowels." Anything else? "Great trouble with my bladder." Do you have to pass your water very often? "Yes, very often, and I have a good deal of pain with it too." Is there anything else that gives you trouble? "No." You do not, then, lose too much blood at your monthly periods now? "No." Do you lose any between your periods now? "Only very seldom, and then but very little." Do you have much pain during your sickness? "Yes, a great deal." Do you have to go to bed at that time? "Yes, on account of the pain, and because I feel so very weak." How long do you have to remain in bed? "Three days."

You see how pale this patient is, gentlemen. It would seem that she does not lose too much blood at the present time; but she is evidently suffering from the effects of the hemorrhages which have troubled her during a long period of years in the past. She is very anæmic, and her pulse is also quick and small. The only other symptom of which she complains (besides those already noted) is headache, and when questioned

as to its locality she places her hand upon the temporal region; which would seem to indicate that it is neuralgic in character, and in all probability due to her anæmic condition.

Although naturally averse to an examination, the patient, after some little persuasion, consented to one, in the hope of being relieved from the symptoms which trouble her, and the first thing that I encountered, in attempting to introduce my finger into the vagina, was a hymen, which was so narrow that it was necessary to give the patient a considerable amount of pain before I could get past it. I know of one quite eminent physician in this city who holds the view that the hymen, whenever found, is pathological; but such an opinion I consider a gross libel upon the sex. At this clinic, I am happy to say, we meet with a very large number of hymens in unmarried women. Well, having slipped my finger beyond the hymen, I found the cervix so high up that it could with difficulty be reached, and on resorting to conjoined manipulation, I found that the uterus was enormously enlarged. Moreover, the moment that I passed it between the two hands, the patient complained of great pain. It was not difficult to see, however, that this was not the pain of inflammation, but was rather neuralgic in its character. I also ascertained the fact that the uterus was lying over upon the bladder, which at once explained all the difficulty of which the patient had complained in regard to her water.

Now, what has caused the increase in the size of the uterus? The first thing that occurred to me was that it was a fibroid tumor, but in order that this diagnosis should be established, it was, of course, an essential point to exclude utero-gestation, for the condition of the hymen, of itself, is certainly by no means sufficient to do this. The hymen may be absolutely perfect, and yet pregnancy exist, and a number of such cases, which are entirely well authenticated, are on record. But here there was plenty of other negative evidence in regard to this point. The uterus, instead of giving the characteristic sensation of pregnancy to the fingers on palpation, was hard, like a billiard ball, and, in addition, all the mammary, gastric, vaginal and cervical signs of the condition were lacking. Since utero-gestation is to be excluded, therefore, let us inquire whether a fibroid of the uterus would offer us a satisfactory explanation of the symptoms which have formerly and now trouble the patient.

The more that we examine into the case, the more completely will we be convinced that a fibroid is the source of all the difficulty here. These tumors, as you know, constitute one of the most frequent of all the causes of both menorrhagia and metrorrhagia, and it is undoubtedly such a growth about the uterus that has given rise to the uterine hemorrhages from which this woman suffered for fourteen years. That during the last three years these have been gradually diminishing is, in all probability, due to the fact that she is now approaching the menopause. As to the trouble in regard to the bladder, we have already seen in exactly what manner that is produced.

We come now to consider the question, where is this fibroid located? On account of the pain which the examination gave the patient, I have been unable on the present occasion to determine whether it is sub-mucous, interstitial, or sub-peritoneal in character. The point could easily be ascertained, however, if she were to be etherized, the sound passed, and a more thorough exploration made. But so far as it would have any practical bearing upon the case, this would be an entirely unnecessary procedure; for even if I found out positively that the fibroid was in the cavity of the uterus, I would not think of actively interfering in such a case as this. It is always a dangerous operation to dilate the cervix and remove a uterine fibroid. Many operators have no doubt accomplished it with impunity; but a large number of others, just as careful in their manipulations, have encountered the most serious consequences in attempting it; so that we should always beware of trusting too exclusively to our own individual experiences. Most of you are probably not aware, from personal experience, what it is to have a bullet enter your bodies, but you are all sufficiently convinced, from that of others, that it is a dangerous matter. Out of a very large number of cases, I have myself lost two patients after the operation, in which it was absolutely necessary to remove uterine fibroids, on account of the extreme disturbance to which they were giving rise. In each instance septicæmia originated from the effect produced by the tent employed to dilate the cervix. You may, perhaps, do it twenty times in succession and not lose a patient or meet with any difficulty whatever, but yet there is always a certain amount of danger connected with the procedure. If the fibroid comes down within reach, however, it is a very different and a much simpler matter. Then you have only to seize it with the volsellum forceps, and enucleate it by means of the serrated scoop, which I have before shown you.

But, in the present instance, the indication, undoubtedly, is merely to let the patient alone, and I should certainly consider it criminal surgery to attempt to remove this fibroid, which is now doing her so little harm. Especially should such a course be reprehended, in view of the fact that she is really getting well of herself, because approaching that time of life when fibroids almost invariably cease to give rise to any trouble whatever. During the past four years, however, she has lost a very large amount of blood, and, consequently, she is still suffering from the effects of it, and needs building up. Then, as you know, there are certain drugs which have the effect of diminishing the blood supply of the uterus, and by far the most active of these is ergot. I should, therefore, recommend that this patient should take twenty drops of Squibb's fluid extract of ergot every night and morning, and that this medication should be kept up for an indefinite period; possibly for five years to come. There is no danger, as some might apprehend, of producing gangrene of the part by the long-continued use of ergot, for there is no instance on record, so far as I know, of the drug's giving rise to this effect when administered in medicinal doses. It is altogether possible that the ergot may cause such contractions

of the uterus that, in time, the fibroid may be forced out into the vagina, if it is of the submucous variety.

As to the prognosis of this case, I am confident that the patient will never die of any trouble connected with this tumor, unless it should be in consequence of the unwise interference of some practitioner who does not appreciate the real state of affairs here. I have so often known the use of sponge-tents to be followed by the most serious consequences that I have been much surprised to see in a late medical journal a long article from the pen of an eminent European authority, whose purpose is to show that they are not at all dangerous; and I cannot but believe that it is calculated to do a great deal of mischief. In the same way, about every five years, some one comes out in the journals with the important discovery that uterine injections are perfectly harmless; but if you should happen to question the writer about the matter some little time afterward, you would almost invariably find that he had given the method up, although he might not, perhaps, explain very fully the reasons which had induced him to do so. So, too, in regard to the use of intra-uterine stem pessaries. Very enthusiastic advocates of the instrument from time to time arise, but after a while you find that they all give it up. Yet I myself am in the habit of using both sponge-tents and stem-pessaries in my practice; although fully recognizing, as I do, the dangers connected with their use, I do not resort to them unless I believe it to be absolutely unavoidable. It is just three ago since I put in my last intra-uterine stem, and this is the first day that I can consider the patient out of danger of a fatal result from its effects. Then, why use such agents at all, you may ask. Simply because in certain instances the object desired can be accomplished in no other way. The simple passage of a catheter has been known, in occasional cases, to produce urethral fever, lymphangitis and death; yet no one would think of abandoning the use of the catheter in general, in consequence of such an accident. In the same way we continue to use sponge-tents. But we are fully aware that serious consequences may possibly result; and I would not have you deluded into the idea that they are by any means free from danger. I do not suppose a fortnight ever passes without my introducing at least one sponge-tent; but I make it a rule always to inform the friends of the patient (not the patient herself) that the procedure is attended with a certain amount of risk. This I consider to be the duty of the medical attendant in every instance; for if he should announce that the introduction of a tent was a trifling operation, not in the least dangerous, and in four or five days afterward the patient should die from peritonitis in consequence of it, he would certainly be placed in a very unenviable position. Such an unfortunate occurrence can always be avoided if you recognize the dangers incident to such a method of treatment; and if you consult any gynæcologist of experience and frankness, he will tell you that there is danger in putting anything whatever into the cavity of the uterus. Even cotton which has been saturated with thymol or carbolic acid may give rise to the most serious consequences, if allowed to remain in the uterus for twenty-four hours; and the same is true of the mere passing of the uterine sound.

Case 3.—Ovarian Epilepsy.

I should like to dwell at considerable length upon the next case, gentlemen, but the lateness of the hour will compel me to be very brief in my remarks in regard to it. The patient's name is Delia K.; she was born in Ireland, and is twenty-six years old, and single. She has been sent here by Dr. Frederick T. Brown, of this city, and as she herself is unconscious during the phenomena which constitute the chief feature of her trouble, it will not be worth while to attempt to get the history from her own statements. Dr. Brown, in the note which he sends with her, states that she has had epileptic fits for the last thirteen years, or ever since she was thirteen years old. Two of these occur with quite marked regularity every month; one coming on at the beginning, and the other at the termination of her menstrual period. The object with which the patient comes to us to-day, therefore, is to find out whether there is any trouble connected with the organs concerned in menstruation sufficient to account for, or, at least, influence, her disease.

You are all, no doubt, aware that the affection called epilepsy is one about which we know almost nothing. Up to twenty years ago the profession was in absolute ignorance concerning it, but since that time one physiologist, Brown-Séquard, has done more than all observers who preceded him together, to throw light on the subject. Among other things that he discovered in connection with the disease was, that there was usually some focus of irritation (which might be itself very trifling), which really gave rise to the convulsive seizures. Thus, in the guinea pig, which is peculiarly liable to epilepsy, he found that by simply causing an irritation of the ear, for instance, fits would result; and, moreover, that when the animal recovered from the injury, the epilepsy also became well. In the human subject, a cicatrix upon some part of the body, or the results of some injury about the head, may be the exciting cause, and instances are on record in which the removal by trephining of a spicula of bone pressing upon the brain has permanently cured patients who had long been suffering from the disease. In some women ovulation seems to afford an irritation sufficient to give rise to epileptic fits. Although a strictly physiological, it is also a most extraordinary, process, when we come to think of it (involving, as it does, an actual rupture of the ovary); and accordingly, we find it to frequently have a profound effect upon the whole economy. Not a few women are always a little insane during the menstrual period, and many of them feel and act differently at that time from what they do at any other. In the lower animals, also, a complete change of disposition not infrequently characterizes the period of œstruation, and I have known a mare which was ordinarily as gentle as possible to become vicious and almost unmanageable at this time. In some women, as in this instance, the convulsions occur at the be-

ginning and also at the end of this period; while in others they continue all through it.

When I made a physical examination here, I could discover no trace of uterine disease whatever; but the moment that I began to press upon one of the ovaries, in making conjoined manipulation, the patient became affected in the most remarkable manner, and as I continued the pressure, I thought she was about to have a violent convulsive seizure. If I had kept it up any longer, it is altogether probable that she would actually have had one; and she afterward told me that she experienced the same feelings that she always does just before the fit comes on her, at the beginning of her monthly sickness.

Next comes up the subject of treatment. In all cases of epilepsy the indication is to discover and remove the source of irritation, if possible. Having done this, if the disease does not get well, our main reliance must be upon the bromides, as Brown-Séquard has taught us. Where these fail in a case like this one before us, it has of late years been proposed by Dr. Battey, of Georgia, to remove the ovaries altogether. This operation has now actually been performed in quite a number of instances, and in a pretty large proportion of them the patients have died. Dr. Engelmann, of St. Louis, has recently reported, with great frankness, three cases, all of which proved fatal. Personally, I have performed the operation twice. The first time it was in the case of a young lady who was subject to epileptiform seizures, which, however, did not amount to epilepsy. She was engaged at the time, and she afterward married (the matter having been fully explained to and concurred in beforehand by her future husband). This was eight years ago, and the lady is still troubled with the convulsive seizures just as before, notwithstanding the removal of both ovaries. The second time that I performed the operation was in the case of a lady who always became actually insane at the time of her monthly periods. Once she had attempted suicide, and twice to take the lives of her children. She died of acute peritonitis, following upon the removal of the ovaries. The mind of the profession is not as yet fully made up in regard to the operation; but I am firmly convinced that, like the use of sponge tents, it is justifiable in some cases. I believe that it has been established that in about one-half of the cases which recover the epilepsy is cured in consequence of the operation.

Medical Societies.

BRITISH MEDICAL ASSOCIATION.

The forty-seventh annual meeting of this Association was held at Cork, Ireland, commencing Aug. 5th, in the Examination Hall of the Queen's College.

FIRST DAY.

Dr. Falconer, of Bath, occupied the chair, and there was a very large attendance, the spacious hall being completely filled. The galleries were tenanted by a large number of students.

The General Secretary of the Association read the minutes of the last annual extraordinary general meeting held at Bath, and when they had been confirmed

The President (who was very warmly received) addressed the meeting as follows: "Gentlemen, the period of my presidency is rapidly drawing to a close, and I must soon give up this chair to the President elect, Dr. O'Connor, of Cork. Perhaps, however, you will allow me a few moments before I quit the chair, while I lightly touch on some of the more salient occurrences which have taken place in our Association during the past year. It is probable that you will hear some of them in the annual report, but still, at the same time, I think them worthy of some passing notice from the retiring President." The President went on to say that the total number of members was 7800, and briefly reviewed several of the undertakings in which the Society was interested.

After the close of his discourse, Dr. O'Connor took the chair, and was introduced by Dr. Sullivan, President of Queen's College. A vote of thanks to Dr. Falconer was unanimously passed.

Dr. Falconer having briefly acknowledged, in suitable terms,

Dr. Carpenter said he wished to read out a list of a number of distinguished foreigners who were present. These gentlemen were not members of the Association, but he wished to announce that during their stay they would be honorary members of the Association. Their names were as follows:—

Prof. Charcot, Prof. Ball, Dr. Gallard, Dr. Bonnafont, Dr. Lowenberg and Dr. Guenean de Mussy, of Paris; Dr. Herschberg, Dr. Weber-Liel, and Dr. Martin, of Berlin; Dr. Giacinto Pacchiotti, of Turin: Dr. Cordes, of Geneva; Dr. Lewis A. Sayre, President of the American Medical Association; Dr. Beard, Dr. Seguin, Dr. Gray and Dr. Hodgins, of New York; Dr. Yandell, of Louisville; Dr. Laurence Turnbull and Dr. Da Costa, of Philadelphia, and Dr. A. B. Palmer, of the University of Michigan.

The President, Dr. O'Connor, then delivered his address. Having referred to the city of Cork, and the social and moral condition of its inhabitants, he proceeded:—

"When several thousand men, many of them the most distinguished and honored in their profession for genius and learning, are banded together for one common object, we will readily assume that object to be large, comprehensive and benevolent; and what purpose of greater magnitude can occupy the human mind or stir the human heart than the effort to lighten the burden of sickness and misery, and to defer the inevitable death in which we all have a common inheritance. In forwarding this work, we follow our instincts as men, obey our duty as physicians, and receive a divine sanction as Christians. It can, then, be well understood how so many, leaving their homes, crossing the seas or ocean, have come here to unite in this common brotherhood of benevolence. I only hope the success of this meeting, by increasing our knowledge, and diffusing throughout the entire medical community sound principles to guide our practice, may be the reward of their sacrifices. The briefest

reference to the subjects which have been undergoing investigation by members of this Association since its last meeting (embracing the most important and abstruse problems in medicine) would show that they are imbued with the same disinterested zeal and filled with the same lofty ambition as those to whom I have referred. They do not, however, constitute a large section of this Association, and would not of any similar assembly. *Non omnia possumus omnes*—we cannot all do all things, but every one can do something toward the common object. For the practical man—the every day working physician—there is presented the important duty of collecting facts, from which the man of genius will derive general principles, and thus assist in bridging over the large space which divides physiology and pathology from practical medicine. To make a good syllogism, with physiology and pathology as major and minor premises, and the treatment of disease as the conclusion, remains still the difficulty to remove which all our energies are directed. Theories founded on imperfect generalization cannot be adopted in medicine with as little injury as in other sciences. It is of no consequence to the student of optics whether the modulatory theory of light be true or false, or to the astronomer whether the Copernican system is capable of mathematical demonstration, but it is of great moment to the physician as to whether alcohol is a food or merely a stimulant, whether it is entirely or in part, or not at all, consumed in the body; and still, contradictory statements of this kind have been propounded for the last twenty years, in succession, each professedly founded on experiments. In this instance, as in many others, error passes, by a species of exosmose, to the general public, who adopt the views more agreeable to the senses, believing alcohol to be indispensable for the cure of all diseases, and for sustaining bodily health and mental energy. Happily, the timely declaration of 260 of the most eminent London physicians—which might be printed in letters of gold—placed the question on its true basis, stating that 'while unable to abandon the use of alcohol in *some* diseases, no medical practitioner should prescribe it without a sense of grave responsibility, and with as much care as any powerful drug.' This and several other instances show that although practical men should bow to the declarations of science, they should hesitate before accepting unfinished generalizations, which a fresh experiment or a newly ascertained fact might destroy. Even deductions derived from experiments on animals, to test effects of medicines on the living organisms, though of great value, must be received with a certain amount of caution—justified by the fact that certain deadly poisons for man are nutritive food to some animals; that zymotic diseases are not intercommunicable between men and animals, or rarely so; and that even age and idiosyncracies modify the effects of medicines, so as to make it uncertain as to what may be the effect of a given medicine in one case by seeing its effects in another. Add to this the unnatural condition in which the animal experimented on is placed. How modestly, and at the same time philosophically, does Dr. Rutherford express himself on this subject. After 'fourteen hundred hours of hard labor,' spent in his investigation, he says, 'the experiment on the healthy liver of the dog, on the normal and abnormal human liver, are three sets of experiments, closely related, but still distinct. The facts derived from any one of the three cannot be substituted for either of the other two. Each set of facts has its own proper place, and must be kept there.' And then he advises the clinical observer to test in his practice the deductions derived from experiments on animals. We can thus see that in the deliberations which will take place in the sectional meetings, there is a place for the purely practical as well as the scientific man. Their views test and are tested by each other. Rationalism enlightens empiricism, and enlightened empiricism is a check, a drag chain, on hasty theorizing, from which medicine suffered so much injury through its whole history. Much as science has accomplished in establishing the physiological action of many medicines previously used empirically, the practical physician must still, in most cases, be guided by the results of the combined experience of wise men, free from egotism, vanity, self-interest, or other passions which cloud the judgment and prejudice its conclusions—while always hoping for and striving after a full knowledge of the relation between the medicine and its physiological effects. There are many diseases entirely under the control of medicines, others only partially and indirectly, and a third class, zymotic diseases, in which we can only apply our treatment to the cure of symptoms, and regulation of functions, leaving to nature the task of bringing the disease to a favorable issue. I believe that all attempts to cut short these diseases are fruitless or injurious. In the early part of this century a different opinion prevailed, and attempts were made to arrest fever by strong purgatives and bleeding. This violent treatment was soon discontinued, but I cannot help thinking that there are again signs of a return to the old heroic treatment, when in a work of the highest repute I find it recommended to begin treatment of typhoid fever with four doses of calomel, of eight grains each, six cold baths in twenty-four hours, 27 to 45 grains of quinine, to be given frequently in the course of the disease, and 22 grains of digitalis as an ordinary dose. We walk in darkness with a slow and cautious step, but here, where we are utterly ignorant of the processes by which the poison is eliminated from the system, we are recommended to give medicines which would test the constitution of one in perfect health. This treatment, though recommended by deservedly high authority, has not as yet found favor in this country, where confidence in the curative powers of nature in this class of disease still prevails. When we see the care with which each bodily organ is protected, and the wisdom with which their functions are regulated for the preservation of life, we cannot believe that Creative power which arranged these things so wisely would send the finished work adrift to combat with destructive forces, without prearrangement for reparation in case of injury, internal as well as external, in fever as well as in fractured limbs, or union by the first intention. The physiology of health is not more wonderful

than what may be called the physiology of disease, by which disturbed functions are restored to their normal condition. It is not a humiliating office for the physician to study the means by which nature accomplishes her ends, and as far as his knowledge permits, to imitate her. I know the assertion of a '*vis medicatrix naturæ*' is now nearly obsolete, and equally so the seeking of primary causes for vital phenomena. These old fashioned ideas have been extinguished by modern philosophy, which asserts that all organization and its operations are the result of blind chance, without a mind to fashion or to guide them. The physician, with his opportunities for observation, must be blind indeed, who does not see beyond this darkness a clear light, showing him that all nature has been conceived and formed in beauty and order, the result of a divine purpose, directed by divine benevolence." * * *

After the address, Dr. Carpenter presented the annual report of the Council of the Association, showing that it was in a flourishing condition.

The report was discussed and accepted, and the meeting adjourned.

SECOND DAY.

At eleven o'clock the second general meeting of members of this Association was held in the Examination Hall of the Queen's College.

The President (Dr. O'Connor) occupied the chair, and the hall was well filled with medical gentlemen. Mrs. Garret Anderson, the only lady member of the Association, was in attendance.

Nominations for Council were then read by Dr. Carpenter.

Dr. Carpenter next proposed that Cambridge be the place of meeting for the Association in 1880, and that Professor Humphrey be appointed President.

The resolution was passed.

Dr. Alfred Hudson, Regius Professor of Physic in the University of Dublin, then read an address on medicine. He reviewed the earlier history of medical progress, and dwelt at length on the work done by the celebrated French physician, Lænnec. The lecturer alluded to the discovery of auscultation by Auenbrugger, and mentioned that the idea of the stethoscope was suggested to Lænnec by seeing some children playing in Paris—holding their ears at the opposite ends of a beam of wood, and conveying from one to the other the sound produced by tapping on one end. Lænnec was not slow in turning what he observed to practical account, and the result was the discovery of the stethoscope. He was afterward enabled by means of this instrument to arrive at correct ideas with regard to the nature of the severest chest diseases, as well as disease of the heart. Dr. Hudson proceeded to describe in detail the views held by Lænnec, and contrasted them with those of more modern observers, especially Niemeyer, whose views on pulmonary consumption were at variance with those of Lænnec, and in which no one, however, could deny there was a great deal of truth. The address closed with a touching reference to the great loss recently sustained by the Association and by the profession, in the death of Dr. Charles Murchison, whose life work presented some analogies to that of Lænnec. Like him, Murchison had left an imperishable memorial in his classical work on the continued fevers of Great Britain.

Thanks were returned to the writer, and after some general discussion the proceedings terminated.

THIRD DAY.

The third general meeting was held in the Examination Hall of the College.

Dr. D. C. O'Connor, President, occupied the chair, and there was a large attendance of members.

The first business was the reading of the report of the Medical Reform Committee.

Dr. Edward Waters, of Chester, Chairman of the Committee, read the report, which stated that it is with no slight feeling of satisfaction that the Medical Reform Committee have to report to the members that the period seems to be at last approaching when a satisfactory termination to the long continued and consistent efforts of the Association in regard to medical reform may reasonably be anticipated. The original programme of medical reform, promulgated by the Association nearly half a century ago, has never been departed from.

The speaker described at length the various efforts at reform in Great Britain, and mentioned the progress made during the last year, which he spoke of as very satisfactory.

William S. Savory, F.R.S., Surgeon to and Lecturer on Surgery at St. Bartholomew's Hospital, at eleven o'clock, delivered an address in Surgery, on the prevention of blood poisoning in the practice of surgery. He said, in the course of his remarks, after speaking of the great dangers arising from blood poisoning, and the means he had taken to prevent it in cases under his care, "For the rest, I shall take the liberty of trying your patience for a few moments by describing somewhat more in detail the practice I follow, because I believe that results equal to the best hitherto obtained may be thus reached. Well, then, taking a case—say of amputation through the thigh, or of excision of the breast—I should treat the wound in the way following: Having arrested all hemorrhage, using most probably the carbolized catgut ligature, and having gently removed any particles of blood clot that may have lodged on the surface, employing only clean water or sponges just rinsed out of it, I should, without any further interference with the surface of the wound, bring the edges together, adapting these as nicely as possible with silver wire sutures. I should not in this way attempt to close the wound completely, but I should leave spaces between the sutures, perhaps from one to two inches long. Then, over the course of the wound and for some distance on each side of it, I should place a layer of folded lint, which had been previously well soaked in olive or almond oil, containing one part in about fifty of carbolic acid. Over this again I should place two or more layers of dry lint, either with or without cotton wool; so arranging this as, by gentle and equable pressure, to secure without any violence, as far as practicable, the accurate

adaptation of the surfaces of the wound throughout, avoiding thus any considerable cavity in the interior. I should secure all this by strapping or bandaging, or both, so adjusting these that they may be hereafter removed with the least disturbance. I should place the patient and the wound in the most comfortable position possible, having especial care to the fact that fluids, as they form, may flow outward. Thus, for instance, after excision of the breast, I have, for some time past, placed the patient, not on her back, but on the opposite side, so as to make the inner angle of the wound the most dependent part of it. I am convinced that this assists greatly in promoting speedy and satisfactory repair. It is much better for fluid to escape at the inner than at the outer angle, and this more especially when the axilla has been disturbed by the removal of glands. The cellular tissue is so very much less abundant and less loose toward the sternum, that the chance of infiltration of it by fluid is very much less. As a rule, perhaps, I do not disturb this arrangement for forty-eight hours, although very often I change the dressing and inspect the wound after twenty-four. I am guided in this matter of time chiefly by the state of the patient; whether spare or full-bodied; his sense of local and general comfort, freedom from or complaint of pain; and the season or temperature. But whenever I am in any doubt I change the dressings. These, then, are removed with the utmost gentleness, and the state of the wound carefully inspected. Especially is attention directed to whether there is any tendency to the lodgment of fluid; whether that which forms can escape freely; whether there is much tension of the edges. I am bold enough to think that a surgeon who understands his business can tell, without any painful handling, whether the surfaces of the wound are fairly in contact, or whether there is any tendency to the accumulation of fluid separating them. But if any doubt arise on this important point, a perfectly clean probe or director, lightly applied to some portion of the wound, will solve it and secure ample vent; if at all necessary, I should not hesitate to remove one or two or more sutures. If the wound presented no other evidence than that of satisfactory repair, I should dress it as before, and proceed in this fashion, dressing and examining it daily or less frequently, according to circumstances. But if at the first dressing, or at any time afterward, the discharge became at all profuse, or the surfaces did not remain in contact, or there was much tension or a blush at the edges, I should forthwith substitute a bread-and-water poultice for the previous dressing, and probably continue to employ this until at least all the deeper portion of the wound had closed. When I dressed the wound, I should wash it, probably from the first, with tepid water, perhaps containing some permanganate of potash in the form of Condy's fluid, or other potent antiseptic of the least irritating kind. I should accomplish this, washing out, if I thought fit, portions or even the whole of the interior, by the use of a syringe, avoiding contact of sponges or other substances with the wound. I aim here at the utmost possible cleanliness, having at the same time due regard to the avoidance of any unnecessary disturbance, that the process of repair be not interrupted. And withal I endeavor, by means I need not indicate, to secure for my patient the most complete rest and pure air. With regard to the substitution of a poultice or water dressing, or some other form of application for the simple dressing used in the first instance, I think one can tell for the most part beforehand if they are likely to be required at all, or early in the management of the wound. In young persons in tolerably good health and spare, most wounds, when not worried, heal very directly. It is in those advanced in life, with flabby textures and much loose fat among them, that wounds give most trouble. These pour out fluid freely and are prone to flag, and while the process of repair is delayed, may fall into mischief in various ways. Now, I am sure you will allow that this mode of treating wounds in general, which I have thus slightly sketched, is characterized by its simplicity and the entire absence of all novelty; my purpose being to interfere in the least degree possible with the work of nature. Some years ago it would not be worth recording; and now, perhaps, it will excite surprise to find that any plan of treatment with so little in it is still adopted. Allow me yet to trouble you with a few comments. In the first place, at the time of the operation, or immediately after, you see, nothing is applied to the wound but water; as a rule, no antiseptic of any sort, provided the surface of the wound is healthy; because I believe that such healthy, natural surfaces are in the state best adapted to satisfactory repair; and that, as a rule, in proportion as they are changed by the application of foreign agents, so are the changes which initiate repair hampered or arrested.

The speaker went on to state his objection to drainage tubes, which he does not employ.

At the conclusion of his address a vote of thanks was passed.

On motion of Dr. Carpenter, the Association, through the President, presented a gold medal to Surgeon Major Reynolds, for bravery and energy in performing his duties in the Zulu war.

The meeting then adjourned.

Powdered Aloes as a Dressing for Wounds.

Seeing the advantage which is derived in veterinary practice from the dressing of wounds by powdered aloes, Dr. Millet states, in the *Gazette Hebdomadaire*, that he has employed it in a case of lacerated phalanges, and reports very favorably as to the benefits derived from it. He considers that it fulfills a double indication, acting as a cicatrisant and as a means of dressing by occlusion, for the powder becomes agglutinated under the influence even of the heat of the hand, and lines the wound with an impermeable layer which prevents the contact of air, assuaging the severe pain of the wound almost immediately. The dressing has also the advantage of being very simple and only requiring renewal at long intervals.

Editorial Department.

Periscope.

Sterility as the Result of the Operation for Stone.

In Dr. Parker's study of 131 cases of lithotomy, in the *Transactions* of the South Carolina Medical Association, he says, on the above point—

The relation which this operation bears to subsequent sterility is of great interest, for several reasons which readily suggest themselves, and it is a question by no means settled. It can only be done by a close observation of a large number of cases. That it does produce sterility, in the great majority of cases, is well known. It is also reasonable to suppose that one mode of operating is more likely to produce it than another. Yet surgeons are not agreed upon this point. It would be a great triumph in surgery to determine the exact cause of sterility, and to devise some plan which, while avoiding such an unfortunate and unhappy result, would not lessen the chances of recovery and relief from so painful and distressing an affection. Unfortunately the information afforded in the history of these cases will not assist us much in arriving at any conclusions on this point. The result of the operations bearing on sterility or non-sterility have only been mentioned in a few cases. I allude to this point more particularly, because Dr. T. T. Robertson, of Winnsboro', calls attention to two cases of sterility, one in his own practice, the other in one of Prof. E. Gedding's patients; and Dr. Ogier mentioned to me that the same had occurred to one of those he had operated on, and he believed that it was nearly always attended by this effect. One of Dr. Crook's and two of Dr. Bartlett Jones' were also sterile. Professor F. M. Robertson's patient has several children; so have the patients of Drs. Miles and Daring and one of Dr. Campbell's. These cases were all bilateral or lateral operations, and three of them with the same instrument, yet the result was very different. How are we to explain these different effects of the same operation with the same instrument upon separate persons?

On Introducing the Hand into the Rectum.

In the *Practitioner*, Dr. G. De Gorrequer Griffith recommends this procedure to allay post-partum hemorrhage, and to diagnose uterine diseases. Several cases of death from rupture of the rectum have been reported, referring to which he says—

It is quite true that the introduction of the hand into the rectum is a difficult operation, and attended with some danger, if the operator have a large hand, and be rough and hurried in his manipulations, thrusting and forcing the hand into the bowel, or attempting to do so, instead of gently, and with boring motion, working in the fingers folded together cone-shaped, and well larded, and then the hand narrowed as much as the operator possibly can. If there were malignant disease of the bowel, or organic stricture, then, indeed, if the operation were attempted, it would be difficult and most dangerous. But in such instances no man should be rash enough to attempt such a proceeding, and would, of course, by digital examination, first ascertain the state of the bowel. I can understand that in some cases, other than childbed, it would be especially difficult, if called upon to perform it without being able to have had the bowels cleared out, though such must be extremely rare, and dangerous to some, because of pain and shock, if anæsthetics could not be administered. But in post-partum patients it is not so difficult, because the bowels have been unloaded during the parturient efforts; their muscular coats are relaxed, as well as the sphincters, owing to the post-partum loss and hemorrhage, which call for such interference; and the necessity for inducing anæsthesia obviated because of the unconscious or semi-unconscious state of those patients in whom the operation is needed; and the introduction of the hand will, indeed, ofttimes be a judicious stimulus toward rousing the sinking energies.

It must be borne in mind that it is a last resort; and it will prove a very effectual one, I have no doubt; that the patient is *in extremis;* and, that there is only the choice between her dying of hemorrhage, and the performing of this operation.

Salicylic Acid in Rheumatism.

Twenty cases of this treatment are reported from the Massachusetts General Hospital, in the Boston *Medical and Surgical Journal*, with the following comments:—

In reviewing these cases the following facts are observed: In eight cases out of seventeen which were treated with salicylic acid, the duration of the disease from the beginning of the attack, without reference to length of treatment, was in the longest case twenty-six days, and in the shortest five days; the improvement being very marked from the beginning of the treatment. In four of these cases there were one or two slight exacerbations of pain relieved in from two to six days by small doses of the acid. Of the three patients who took the salicylate of soda only, even including the length of illness before entrance, the duration of the disease was less than twelve days in each case, the shortest time being two days. In the remaining nine cases, the duration of the disease was either six weeks and more, or was so masked by some complication that satisfactory results could not be obtained. In two of these cases there was very marked improvement after taking the acid; in one the treatment was discontinued on the second day, owing to wild delirium; in another pleurisy supervened, masking the symptoms; and in five the treatment met with varying success, the symptoms constantly recurring and showing little improvement from the use of the acid. The length of illness before entrance in these cases varied

from five days to three months. Out of seventeen patients who used salicylic acid, in five nausea and vomiting were produced; in eight, deafness and noises in the head; and in five, delirium, one being wild for thirty-six hours. Of the three who took salicylate of soda only, there was no gastric nor cerebral disturbance. In regard to the comparative merits of the treatment by salicylic acid and the salicylate of soda, a fair estimate cannot be made from these cases. In the three who were treated by the salicylate of soda the recovery was very rapid, but in no one of them was the attack of a very severe nature.

Judging from the foregoing cases, we are justified in coming to the following conclusion: that although salicylic acid is not a specific remedy for every case of rheumatism, yet in acute cases, if the treatment be begun within a few hours, or at most a few days, from the onset of the disease, and pushed vigorously, the most satisfactory results may be obtained. Care should be taken, moreover, not to omit the treatment immediately after the cessation of pain, but gradually to diminish the dose.

Second Attacks of Yellow Fever.

On the debated question whether persons can have a second attack of yellow fever, Dr. Simons writes, in his observations on the epidemic of 1878, in the *Transactions* of the South Carolina Medical Society—

There were a number of cases reported, and several deaths, among patients who had had fever in previous epidemics in Memphis, or elsewhere. While I am not prepared to deny the statement, as reported by physicians of repute, and for whose judgment I have a profound respect, yet in the history of all such cases that I had access to, the report of the first attack was incomplete. The facts elicited were that the patient had had some febrile disorder during the prevalence of yellow fever; was never very sick, and the physicians pronounced it yellow fever. During the prevalence of an epidemic, there is a system of generalization in the classifying of diseases, or they are spoken of as being impressed with the type of the prevailing epidemic. This difficulty I experienced in Charleston, during the widespread epidemic of 1871. Yellow fever existed without doubt, and also a large percentage of what was called "Ephemeral Fever," "Dengue," and by others, not willing to commit themselves to a decided opinion, "the prevailing fever." The mortality of that year was less than five per cent. In a report made at that time I classified my cases. There was undoubtedly the same epidemic influence that impressed them all, but I am doubtful as to future exemption from malignant yellow fever in those who had the hybrid forms of fever. But I do believe that one who has had a typical case of yellow fever will be exempt in future.

To substantiate this, I point to the fact that four physicians and fifty-four nurses left Charleston in August, and remained in Memphis and the surrounding infected region, exposed fully to the most malignant form of disease, undergoing the most arduous and exhausting duty, until November 1st. None of us had yellow fever, and all were well when ready to return home. The nurses comprised many foreigners, Germans, Italians, and Irish; the services of none were accepted for this duty, except those who had had the yellow fever. I think this number is large enough to draw a positive conclusion, as to exemption from second attacks.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A vest-pocket arrangement for giving the doses of the most important drugs, according to the metric system, has been prepared by Dr. W. F. Whitney and Mr. F. H. Clark, and published by A. Williams & Co., Boston. Price 25 cents.

——The *Canada Medical and Surgical Journal* will in future be edited by Drs. George Ross and W. A. Molson. It will appear hereafter on the 15th instead of the 1st of the month. Another change announced is that the Louisville *Medical News* is hereafter to be styled the *Medical Age*.

——The sixth part of the *Atlas of Histology*, by Dr. Klein and Mr. Smith, is upon the structure of the spinal cord, nerve centers and brain substance. These important and difficult branches of histology are treated with great clearness, and the illustrations are most accurate and instructive. (Phila., J. B. Lippincott & Co.)

——The pamphlet of the Massanutten Mineral Springs Company claims that that water is "almost a specific" in a long list of diseases. Some little evidence offered seems to show that it is beneficial in the malarial cachexia, which may be owing to a trace of arsenic it is said to contain. The pamphlet is as worthless for information as such generally are. The Springs are near Harrisonburg, Va.

——In a reprint by Dr. John M. Keating, of this city, descriptive of a case of ulcerative endocarditis, with pyæmia, he gives strong grounds in favor of the opinion that primary abscess of the heart, or primary ulceration, if it proceed far enough, independent of general myocarditis, is occasionally found. He does not offer any explanation, except that it may be due to disease of the lymphatic channels or the glands.

——As opposed to the metric system, Dr. J. F. Baldwin, of Columbus, Ohio, has reprinted some remarks before the Ohio State Medical Society. We shall refer to them editorially at some future time. Suffice it at present to say that there are strong and sound reasons for *not* adopting the system at present in the United States. Many journals have gone too fast and too far in this matter.

BOOK NOTICES.

The Druggist's Handbook of Private Formulas. By John N. Nelson. Third Edition. Cleveland, Ohio. 1879. 8vo. pp. 338. Price $3.00.

For the use of druggists, Mr. Nelson has here collected a large number of formulas, such as are most frequently made up in apothecary stores. His sources of information are the Pharmacopœias, Dispensatories and trade journals most in authority at the present time. The formulas are classified under a "pharmaceutical department," a "perfumery department," proprietary medicines, miscellaneous formulas, and a number of "semi-officinal" formulas. In the form of an appendix, he adds a number of useful hints, such as the tests of essential oils, adulterations of spices, formulas for artificial wines and liquors, frigorific mixtures, mode of detecting mixed or rectified whisky, etc.

In the various formulas given for manufacturing artificial wines and liquors, it is gratifying to note that directly poisonous substances are not employed. The basis of the wines is cider and alcohol, sweetened, colored and flavored; of the liquors, alcohol diluted. In practice, however, the new and fiery distillate known as "high wines" is employed, rank with fusil oil, and frightfully heady.

The book is neatly printed and bound.

Guide to the Examination of Urine; with Medical Reference to the Diseases of the Urinary Apparatus. By K. B. Hoffman and R. Ultzmann. Translated from the second edition by F. Forcheimer, M.D., Professor at the Medical College of Ohio. Cincinnati, Peter G. Thomson, 1879. pp. 195. Price, cloth, $1.50; leather, $2.00.

In Germany this brief treatise has met with considerable success. The translator tells us that it has been nearly universally adopted by the German "high schools" (?). The authors begin with a description of the structure and functions of the urinary organs, which we think quite unnecessary, as every student learns this before he reaches the examination of urine. The physical characters, chemical constituents, and microscopy of the sediments then follow in the order noted, to which succeed a description of the simpler diseases of the organs, in a chapter on Diagnosis. This arrangement is not the most desirable, but it is the one generally adopted, more, we suspect, for the convenience of writers than for the accommodation of readers. In a work designed for clinical instruction, signs, symptoms and diagnosis should go together.

The book has no table of contents, and is not very well printed; nevertheless, the criticisms we have made upon it must not be construed as a condemnation of it; as it is a carefully written work, and accurately translated.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland, 1879. pp. 196.

Transactions of the Medical Society of the State of Tennessee, 1879. pp. 213.

The original papers contained in the first of the above-mentioned reports are, "Remarks on a Case of Glaucoma," by Dr. J. A. White; "Facts in Connection with Squint," by Dr. J. J. Chisholm; "Yellow Fever," by Dr. T. B. Evans; "Cerebro-spinal Meningitis," by Dr. C. H. Ohr; "The Thermantidote," by Dr. H. P. C. Wilson; "Treatment of the Insane," by Dr. J. S. Conrad; "Dipsomania," by Dr. I. D. Thompson; "Progressive Paresis," by Dr. G. Liebman; the "Rubber Bandage," by Dr. J. E. Atkinson; "Salicylate of Sodium," by Dr. W. J. McDowell: and "On a Tumor of the Neck," by Dr. T. C. Maddox. We observe that not only was Dr. Van Bibber's paper refused (see REPORTER, current volume, page 122), but charges were preferred against him for allowing extracts from it to be published. This was very small business for the "Medico-chirurgical Faculty" to be engaged in.

The Tennessee *Transactions* contain several able papers on yellow fever, by Drs. Hope, Thornton and Wight. Their observations are original and careful. Dr. Thomas Lipscomb records an interesting case of ovariotomy, with successful result. Dr. J. W. Penn developes a new theory of malarial diseases, to wit: that their cause is "enervation, from privation of electricity, caused by the evaporation of *pure water*" (italics his). We pass to Dr. Atchison on the uses and abuses of alcohol. It were hard to find less tenable views than he advocates on the subject of man's physical degeneracy, on page 64. That a university professor should make such statements would seem incredible; but was it not from the university that he is attached to that a learned man was lately removed for believing in evolution? That explains Professor Atchison's obscurantism. There are several other original papers, and a long necrological report by Dr. Wise, on the physicians who died of yellow fever in Memphis last year.

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COFFEE TAVERNS AND TEMPERANCE SALOONS.

The effort to prevent the sale of intoxicants by passing prohibitory enactments has been almost given up in this country. We hear much less about it than ten or twenty years ago. Where it has been tried, it has usually proved unsuccessful; the endeavor to make it a political "issue," on any large scale, has completely failed; and the opinion is gaining ground that it is better to convince the public that the use of the stronger alcoholics as beverages is, on the whole, hurtful, than to attempt to force on them, by law, such an opinion, when they don't believe it.

Meantime, other and more rational endeavors are being carried out to remove the temptation to drink alcohol. It is being recognized that men crave and will have some stimulant, some analeptic, some nervine tonic, or narcotic, and that if they can as easily and pleasantly imbibe one which is of moderate power, they will not run after those more potent and more virulent.

In countries where the Mohammedan and Buddhist religions prevail, both of which forbid, as one of their most stringent injunctions to the pious, the use of fermented liquors or intoxicating *drinks* of any kind, they whip the devil around the bush by smoking opium and chewing hasheesh. The Siberian savage stupefies himself with a poisonous fungus, or by swallowing tobacco; and the coca and magney were prized for the same purpose by the red Indian before Columbus saw the shores of the New World.

Hence, it is rational to supply this universal craving, and it is wise to supply it with some substance which will have the minimum of ill effects. For this purpose there has been, of late years, both in this country and England, a great increase in coffee houses, cocoa taverns and holly tree inns; and their success has been decisive. At the opening of one in England, the other day, the Right Hon. J. H. WALPOLE remarked that many excellent persons in that country were of opinion that the vice of drunkenness might be effectually dealt with by governmental coercion and prohibitory restrictions; but in his own mind he was confident that no attempt on the part of a government to remedy the evil could ever succeed. What Government could do in the matter it had already done, and any further legislation would only have the effect of setting the people in opposition to the law. They wanted some place of meeting where they could enjoy social intercourse without the temptation to indulge in excessive drinking, and this necessity these coffee taverns amply provided. In this last-mentioned respect we do not think the coffee houses in this country are equal to those in England. If there is one in Philadelphia where one can enter, have a seat, a table, the evening paper and a cup of coffee, all for five cents, as he can in any of a thousand beer saloons, we don't know it.

Enough attention has not been given to introducing, and preparing in agreeable form, the various stimulating and soothing vegetable infusions which may take the place of the cup which inebriates. Coffee and tea are by no means the only ones which are to be found. Cocoa and chocolate, as prepared in the United States, are

usually flat and nasty; but as in Mexico and Central America, strengthening and delicious. Paraguay tea, or maté, is said to be agreeable to the taste, and must be largely consumed, as the annual crop on the government lands in Paraguay is officially reported to be worth $200,000. It is a species of *Ilex*, and another species, *Ilex cassine*, grows in our Southern States, and has been used as a domestic beverage. Both contain between one and two per cent. of caffein.

As a mild stimulant, the coca (*Erythroxylon coca*) of Peru ought to be largely cultivated. The German traveler, Dr. Von Tschudi, found an infusion of it most invigorating after great toil. Very little of it finds its way to foreign nations. According to the official statement of the government of Peru only fifteen hundred weight (15 quintales) were exported in 1878. Were the demand greater, no doubt more would be cultivated.

Pure coffee should be on sale at such taverns; but the public should be induced, by their lower price to prefer some of its modified forms, "coffee-surrogates," as they are called. In Europe, chicory is one of the most important of these; and as it is imported into the United States at the rate of nearly *four million pounds* a year, our people must drink considerable more of it than they are aware of. It makes, mixed with coffee, a healthful and exeellent beverage, and to our own palate more agreeable than the pure coffee.

The *Chemiker Zeitung* mentions a process recently patented in Germany for a similar substance. Wheat is boiled by steam heat, and well washed, to remove all impurities. A proportion of 3 per cent. of biearbonate of soda is then added, the mixture is dried, roasted and ground, and is then ready for sale.

Many of the vegetable bitters could be made into palatable and refreshing beverages, acting sufficiently as nervines to remove the sense of fatigue.

Where such drinks could be had, together with newspapers, seats, games and other amenities, people would very willingly pass their hours of relaxation, and not want intoxicants.

NEW REVELATIONS IN SANITARY SCIENCE.

It is highly gratifying to the philosophic mind to be relieved from groundless fears; and after the hullabaloo that has been raised by heedless sanitarians about noxious effluvia, foul drinking water, offensive sewer gas, and the exhalations of decaying animal and vegetable matter, it would surely be a relief to all to diseover that this alarming talk has little foundation in fact, and that we can sleep in a room impregnated with the air from a sewer, and drink the fluid from that same channel, without risk to our health. Here were certainly a matter for congratulation.

Several recent writers strive to carry us to this conclusion.

From one of them we have already quoted in this journal—Dr. George Hamilton, of this city. In the last volume of the *Transactions* of the College of Physicians of Philadelphia, he has a paper on the relation of sewer gas to typhoid fever, an abstract of which we gave at the time it was read (see Reporter, volume xl, page 384). He endeavors to disprove the assertion that sewer gas is the most potent and eommon cause of typhoid fever, in this or any city; indeed, he considers any such view "utterly untenable," "in direct antagonism with facts;" and, in fact, argues that sewer gas has nothing to do with typhoid. Nor is he willing to credit the opinion that the effluvia arising from decaying vegetable matters is a source of the disease.

When it is considered that the typhoid condition is closely akin to typhoid fever, that it often can hardly be distinguished from it, and must have the same or a closely allied cause, the exclusion of sewer gas and decaying organic matter from its etiology assumes a wide and most important interest for the surgeon as well as the physician.

Diphtheria and scarlet fever have been also attributed to these same agencies; but several writers have recently decried this with great vehemence. They point to the intense severity of these maladies in secluded farm houses, in well drained mountain hamlets, in windy and dry up-

land villages. It is claimed that diphtheria is often more fatal in such localities than in the most densely populated blocks of down town, New York: hence, that this malignancy has nothing to do either with foul air or impure gases.

Much stress has been laid on the importance of pure drinking water, especially that it should be free from organic, particularly decaying matter. But here comes Dr. Rudolf Emmerich, one of those redoubtable Germans who are always found ready to sacrifice themselves on the altar of science. He determined to put this matter to the test, and as he was, like Cæsar, not afraid to

> "Drink from the gilded pool
> That beasts would cough at,"

he selected two of the dirtiest open ditches in Munich, and made their undiluted contents his daily beverage, to the amount of a quart or more. He first examined this water chemically and microscopically. It was to the eye dirty, and to the nose foul smelling, and that to such a degree that it was difficult at first to avoid involuntary vomiting after taking it. It contained fragments of garbage, dirty rags, hairs of men and beasts, particles of feces, etc., as the trench was the general receptacle of privies, dirt carts, dead cats, and the like.

For the first day or two after beginning the use of this water, Dr. Emmerich suffered from headache, loss of appetite, catarrh of the bowels, coated tongue, and other symptoms of a light gastritis. In three days' time all these symptoms disappeared, and for a month, during which he continued to drink the water, he was as well as ever. Next, he persuaded two convalescents in the hospital to try it. One had been suffering from constipation, headache, loss of appetite and muscular pains; after a few days' use of the ditch water, *he decidedly improved*. The second had been long a victim to dilatation of the stomach and dyspepsia. He was not the least injured by the free consumption of the putrid fluid. Finally, about a month after the doctor had ceased his experiments, he happened to be attacked with a sharp gastro-enteritis. He rejoiced at such an opportunity of testing his ditch water, and therefore, without using any remedies, he began to drink it freely. In a few days he was well!

From these experiences (which will be found in the *Wien. Med. Blatter*, No. 6, 1879), Dr. Emmerich concludes that "the use of the most foul and putrid drinking water produces no injurious result on the system in health; and even existing affections of the intestinal canal are not in the least aggravated by it."

What have the sanitarians to say to these facts and arguments? Is our dread of uncleanliness, after all, a mere figment of the imagination? Shall we give up sewer traps, and close drains, and water filters, as useless expenses?

For ourselves, we confess we are far from satisfied that they are needless; and we still lean to the opinion that pure air and water, a clean skin and a calm conscience are all efficient measures in preserving health and prolonging life.

Notes and Comments.

Cataphasia.

This is the name applied by Dr. Renzi, of Genoa, to an affection of the speech, the characteristic symptom of which consists in the patient being obliged to repeat over and over again the same words; he having either pronounced these words spontaneously or in answer to a question. Thus, a patient being asked how long he has been ill, repeats fourteen years, fourteen years, fourteen years, and so on, five or six, or even more, times. Or, he will give a clear and correct answer to the question, and go on repeating this answer indefinitely. There is usually hereditary, nervous weakness, and often a history of drunkenness in one or both parents.

Artificial Alkaloids.

Synthetic chemistry is nearing every day the perfection which will enable it to produce the alkaloids, instead of deriving them from the crude product. The latest conquest in this field has been the formation of artificial atropia. This has been successfully effected by Ladenburg. He could discover no difference in physiological effect between this artificial and the purest natural atropia.

May we not expect an artificial quinia soon, which will equal the natural one in therapeutic powers? Nothing is more probable.

A Biographical Dictionary of Contemporary American Physicians.

It is announced that the work which was published last year by Mr. Charles Robson, of this city, under the title "The Physicians and Surgeons of the United States," is to be republished, with corrections and additions, under the title which heads this notice.

The work will contain biographical sketches of about 3000 contemporary regular physicians of the United States, prepared from materials in most instances furnished by themselves, and hence entirely trustworthy. The effort will be made to embrace all who have visibly contributed to the advancement of medical science. Instead of costing ten dollars, half bound, which was the price of the first edition, the new edition, revised and enlarged, will be furnished, bound in full leather, for *six dollars*; or in cloth, for *five dollars*. As the text will cover about 900 large octavo double-column pages, and will be on fine tinted paper, this will be seen to be an unusually low figure. Nevertheless, all who send in their names as subscribers to the work *before* October 1st will receive it when issued, delivered free of postage, at a discount of *ten per cent.* off these rates. As the edition will be limited, all who wish the volume will do well to forward their order (to be paid for when the book is ready for delivery, about Dec. 1st,) and obtain this advantage, and be certain of securing a copy. Communications should be addressed to the editor of this journal.

Ignorance of Veterinary Medicine.

We have been gratified by the reproduction of our editorial on Veterinary Medicine (REPORTER, Aug. 9), by several journals, both medical and agricultural. A number of letters have been written us containing farther inquiries on the subject, and illustrating the need of a more scientific study of the subject. One of these, from a physician in Vermont, says—

"I have practiced medicine in this village, which is surrounded by a dairy country, two years, and all the cattle that have died from disease, that I have heard of, and there has been a number, have died with 'horn ail;' at least, such has been the diagnosis made by our resident cow doctors, and most cases have been treated as such by injecting a decoction of red pepper and vinegar through a hole bored in the horn, and putting salt in an incision made in the end of the tail."

Such barbarous treatment is worthy of the darkest period of the dark ages. What is called "horn ail" is nothing but the anæmia of cattle (see Dr. Tellor's *Diseases of Live Stock*, page 289). There is evident need for the Veterinary Department of the University.

Vaginal Lavements for Vomiting of Pregnancy.

At a meeting of the Norfolk (Mass.) Medical Society, reported in the Boston *Medical and Surgical Journal*, Dr. Greene, of Dorchester, advocated the use of warm vaginal lavements for many cases of obstinate vomiting of pregnancy. He also spoke of a case where this expedient, as well as a variety of other measures, had failed to procure more than very transient relief. There was anteflexed cervix and a very rigid, impenetrable os. At the patient's own proposal, trial was finally made of vaginal injections of warm olive oil. These afforded relief, and during four or five weeks next following a fair measure of comfort was secured only by the regular use, two or three times daily, of such injections—the patient maintaining, for an hour or two after each, the dorsal decubitus necessary for effective lubrication of the os and cervix.

Treatment of Chronic Urticaria.

In a lecture on urticaria (*Gaz. des Hôp.*, June 19) Dr. Guibont observes that although in ordinary cases its treatment is very simple, and merely hygienic, when it becomes chronic and dependent upon permanent dyspeptic derangement medicinal agents are required. In this case, according to the particular indications, we should have recourse to emetics, purgatives, or stimuli, among which he prefers strychnia, given in the following form:—

R.	Distilled water,	120	
	Sulphate of strychnia		2
	Syrup of mint	50	M.

A tablespoonful to be given before each of the three principal meals.

Alkaline and gaseous mineral waters, such as those of Vals or Vichy, are also very advantageously employed as a means of rendering digestion more easy and more rapid.

The Poison of Indian Corn.

In Italy a great deal of Indian corn is eaten in a spoiled, partly fermented condition, and is believed to give rise to the disease known as *pellagra* and other maladies. Italian chemists have detected in this fermented corn strongly poisonous products, isolated by them after fermenting perfectly healthy maize. Dr. Cortez and Prof.

Husemann's recent investigations confirm this view, but indicate that the principles were not isolated in a pure state, and that they have a varying influence on the nervous system, some prepared during the hot season proving as poisonous as strychnia, while others, obtained in colder weather, produced narcosis and paralysis, frequently accompanied by all the symptoms of nicotia poisoning.

Correspondence.

Physicians as Sellers of Drugs.

Ed. Med. and Surg. Reporter:—

I have read with much pleasure your remarks under the caption of "How some Dirty Shillings are Made by the Profession," and while concurring in most of what you have therein stated, it struck me that you had drawn the line rather sharply in respect to the practice of dispensing medicines by the physician in his own office. To my mind the practice is not only perfectly justifiable in every way, but is further supported by the precedent of long use by large numbers of honest and capable practitioners, who learned it from their predecessors. Among those who practice dispensing their own medicines, there has never come under my observation an instance where concealment was attempted, or considered advisable. In country districts it often becomes absolutely necessary for physicians to carry medicines with them, but in cities, where the population is denser, and physicians more numerous, it pays some person or persons to establish depots for the supply of drugs, etc., and thus obviate the necessity for physicians carrying a private stock. Druggists understand this point full well, and they also understand that theirs is a business venture entirely, and that physicians are not bound, either in honor or equity, to patronize them, but if they do so, it is for their own convenience. Were it not for physicians' prescriptions, very many druggists could not subsist at all, and they know it, therefore they make extraordinary efforts to divert the patronage of physicians to their particular stores, whereas, if it were irregular for the physician to dispense his own medicines, they would dictate instead of soliciting. In view of the foregoing, it seems to me that the *right* of physicians to dispense is undeniable, provided they so choose. What others may think upon this point would gratify me to learn, in case you consider these remarks worthy of publication.

Newark, N. J. Ernest M. Lyon, M.D.

[The context of our remarks plainly limited the criticism referred to to districts where drug stores are convenient, and further, to "dispensing and selling medicines." That physicians should give along with their advice the drugs they recommend is often necessary and proper; whether they should "dispense and sell medicines," *i.e.*, put up pharmaceutical preparations, and vend and trade in them, is the question. We are very decidedly of the opinion that such action is improper. Yet we know of apparently reputable physicians in this city who, in a private way, ply the old dodge—"advice gratis; no charge except for the medicine." Dare any of them come forward and defend it? The Reporter is open for them.—Ed. Reporter.]

Carbolic Acid in External Hemorrhoids.

Ed. Med. and Surg. Reporter:—

Having recently, in several of our prominent journals, seen the *declared inutility* of carbolic hypodermic injections in *external* hemorrhoids, and being a short time time since tempted to put that opinion to the test, I herewith detail my experience.

July 9th, 1879, I was summoned to the bedside of Mr. C., whom I found suffering intensely from a large external hemmorrhoidal tumor, which, by reason of a recent attack of diarrhœa, was accompanied with a prolapsed rectum. With the usual manipulations I immediately reduced the prolapsus, leaving "in situ" a hard, somewhat lobulated and spheroidal tumor, 1¼ inches in its long, and ¾ inch in its short diameter, and protruding about half an inch beyond the level of the surrounding integument. Inquiry revealed the fact that this tumor had occupied its present quarters for twelve years, gradually getting larger, frequently the source of intense agony, and at all times the source of great discomfort.

A brief talk gaining my patient's consent to an operation for the removal of his tormentor, I quickly made preparations, and with a hypodermic syringe, charged with ♏ xx Squibb's sat. sol. phenol, I introduced the needle of my syringe in the long diameter of the tumor, and as near its base as possible, pushing it until its point impinged, without piercing, the opposite side. I then slowly withdrew it, discharging the contents of the syringe, until nearly reaching the point of entrance. I repeated the same manipulation in the same direction, in a line parallel, and distant about half an inch from the first injection. Again introducing the instrument in the shorter diameter of the tumor, I repeated the above manipulations twice in that direction. Finally, introducing the instrument in a vertical direction, in four different points, and about midway between the intersections of the longitudinal injections, I discharged the balance of the acid into the tumor. Considering that I had saturated the tumor sufficiently with the acid to ensure its destruction, I anointed it well with vaseline, applied a poultice, and enjoined rest in a recumbent posture for a few days, prescribing an aperient to keep the bowels soluble. No anodyne was required, as after the first introduction of the instrument the pain was only trifling.

July 12th, I visited my patient; found him very comfortable and able to be up about the house. Examination of the hemorrhoid revealed as perfect a sphacelated tumor as I ever saw, and even more *thorough* than could be produced with

a ligature. The discharge being somewhat fetid, I prescribed carbolated vaseline to be applied freely, and the poultice continued until the slough separated, which it did on the 15th, or on the 6th day after the operation, and while my patient was at *work* at his trade (tinsmith), which he had resumed on the 14th. No further difficulty was experienced in the case; a healthy granulating surface was left after the slough separated, which had perfectly healed by the 27th, with entire freedom from all pain and soreness on defecation.

I give this case thus, in (perhaps prolix) detail, for reasons given at the outset. I, at least, am perfectly satisfied that carbolic injections are *perfectly efficient* and safe for removal of *external*, as well as internal, piles, and infinitely prefer it to either knife, ligature or any other caustic method. P. M. SENDERLING, M.D.

Jersey City, N. J.

Persulphate of Iron in Hæmoptysis.

ED. MED. AND SURG. REPORTER:—

I shall be glad to have you find room for the following case: M. L., age thirty-eight, farmer, thick set, broad chest, rather robust in appearance, has been spitting small quantities of blood occasionally, for the past twelve months. In childhood he had frequent attacks of epistaxis. He has no cough nor pain, and the pleximeter does not discover any disease in the lungs. Until recently the hæmoptysis has been so slight, and so easily checked with salt or alum, that it gave him no uneasiness, but within the last month or two it is more abundant and frequent, sometimes twice a day. The usual tickling in the throat which precedes it was experienced while talking with me, and in a few seconds the blood appeared, at first slight, then, very soon, by mouthfuls. Salt and alum were promptly and frequently given, but without effect; also, gallic acid and ice. All these having failed, I gave him one grain of persulphate of iron in a wineglass of water: this checked it *at once*; nothing could have acted quicker. Fearing a return, however, I directed him to repeat the dose three times a day for several days, and remain quiet. This was three weeks ago, and he has had no return. J. DARNEY PALMER, M.D.

Monticello, Fla.

The Tongue in Typhoid Fever.

ED. MED. AND SURG. REPORTER:—

In Vol. XLI, No. 5, I find a short, but able, article on the appearance of the tongue, by Dr. Henning, not in any particular disease, but its appearance as indicative of acidity or alkalinity of the system. Most practitioners will admit the statement that with a broad, pallid, furred tongue we have an acid condition of the primæ viæ, and that in all of such cases we have an acid breath, and in half of them nausea and vomiting of an acid material or matter. In the deep red tongue we seldom have nausea or vomiting, or even an acid breath, and no doubt an alkaline state of the fluids of the body.

I have just treated a case of typhoid fever, in which the tongue was of a bright red through the whole of the disease. I kept my patient on 30 drops of nitro-muriatic acid every three hours, from the first time I saw the case. On the eighteenth day improvement began. While the same patient, one year before, was similarly affected, and the treatment lacked the acid; the disease lasted twenty-eight days before improvement began. A. T. LEVICK, M.D.

Woodville, Mo.

NEWS AND MISCELLANY.

American Academy of Medicine.

The fourth annual meeting of the American Academy of Medicine will be held in the rooms of the New York Academy of Medicine, 12 West Thirty-first Street, New York, commencing Tuesday, September 16th, at three o'clock P.M.

The following programme has been determined upon:—

Tuesday afternoon: organization, election of members, unfinished business, general business. Tuesday evening, at 8 o'clock: address by the President, Lewis H. Steiner, A.M., M.D., of Frederick, Maryland, on "The Preparatory Education Most Needed by the Medical Student." Wednesday, 10 A.M.: general business; paper by Elisha Harris, A.M., M.D., of New York, on "Hygiene and the Higher Researches of Scienc;" election of officers; introduction of President elect.

RICHARD J. DUNGLISON, A.M., M.D.,
Secretary.

Comments on Quinine Legislation.

The New York *Times*, of recent date, says:—

"Legislative action in respect to quinine, as such things generally are, was hasty and precipitate. Without expatiating on the possible good which may be derived by the community from the abolition of the duty, it may be insisted upon that the question of quinine was by no means well understood in Washington. Any manufactured article derived from a crude material which pays a duty is more or less complex in it character. One-half of the wise law makers of the last Congress could not tell quinine from Glauber salts. We doubt not the leaders believed, as a direct result of their hasty legislation, quinine would be reduced in price and made better in quality, and that the measure would at once be popular with the people. When both of these propositions fail and quinine goes up, as it has, and the quality of the imported article grows poorer, as it will, the mistake will be made plain, even to the ordinary Congressman. Quinine pure is cheap at four dollars per ounce when compared with a spurious article at one-fourth the price. Every medical man in the United States knows that the article of quinine made in this country was pure and always reliable, while the practitioner is constantly deceived by imported drugs, and the sick made to suffer."

We do not blame the legislators in Washington for their stupid action so much as the medical

men that urged them to it, avoiding free discussion of the subject as much as possible, and descending to the arts of politicians in their endeavors at diplomacy.

Ex-Surgeon General Hammond Exonerated.

WASHINGTON, Aug. 27.—The Secretary of War, under direction of the President, has reviewed the proceedings and findings of the court-martial of January 16th 1864, by which Surgeon General Hammond was dismissed the service, and recommends that the findings and sentences be annulled and set aside, and that, in accordance with the authority conferred by the Act of March 15th, 1878, the name of William A. Hammond be placed on the retired list of the army as Surgeon General, without, however, back, present or future pay allowance, as Dr. Hammond distinctly disclaimed any desire for such.

The recommendation of the Secretary of War has been approved by the President.

The Mackinnon Pen.

Indefinite in number are the various "fountain pens" we have tried, and the only one which has met our wants or answered the statements of the salesmen is the "Mackinnon Pen." It has had a full test in our office, and we have found it all that is claimed for it. It holds ink enough to write three or four pages of foolscap, does not leak, flows freely, does not wear at the point for a long time, and is portable and handsome. Physicians should prefer it to a pencil for writing prescriptions, as it prevents alterations, etc. It is cheap, for the price, and we recommend it. Those who would provide themselves with such an article should address the agent, who advertises on advertising page 179 of this number.

Mortality in the Tropics.

The average annual mortality of Pará, Brazil, is about 60 per 1000; in St. Kitts, W. I., the annual mortality rises as high, some years, as 74 per 1000. Throughout the West Indies the autumn is the most unhealthy season, and dysentery and yellow fever the most fatal epidemics. A correspondent of the *Southern Clinic* attributes the short lives of Europeans in the West Indies chiefly to exposure to cold and dampness, and to alcoholic beverages.

Pregnancy at Eight Years of Age.

A remarkable instance of early pregnancy is reported by Dr. Molitor, in the *Gaz. des Hôpitaux*. No. 57. A well-developed girl commenced to menstruate when four years old; at eight and a half years of age she was delivered of an embryo, together with a hydatid mole. At that time she was large for her years, the breasts developed, the pudenda covered with dark hair. She acknowledged to have had frequent connection with a man of thirty-two years six months previously.

Items.

—In surgical instruments, and mathematical and astronomical apparatus, says the *Revue Industrielle*, French workmanship has deteriorated so much that the attention of the Government has been directed to the subject.

—The cholera in Japan, at last accounts, continues virulent, but there have been signs of abatement within the last month. Thus far there have been 45,000 cases and 25,000 deaths. The Government displays unflagging energy in confronting and checking the disease. It is said to have been introduced by a German vessel, which disregarded the quarantine regulations.

—A young lady, who was one of the most enthusiastic of the converts at a camp meeting at Urbana, Ohio, last month, fell into a trance while praying. Her friends believed that her condition was the result of a special blessing, and would not permit a physician to do anything for her. She lay unconscious several days, and finally died, of spinal meningitis.

—The London *Athenæum* remarks that this year witnesses the first successes of women in the arts, science and medical examinations of London University, the competition now taking place on a footing of perfect equality, since the London Medical School for Women has its lectures recognized as qualifying, and also the attendance of women on the practice of the Royal Free Hospital is recognized. Four have passed the Prelim. M.B., London, just over, in the first class and none in the second class.

MARRIAGES.

BERLET—WALTER.—On the 6th ult., by the Rev. John Thompson, at the residence of the bride, James F. Berlet, M.D., and Margarite E. Walter, all of Philadelphia.

CLEVELAND—CONOVER.—On the 14th ult., at the First Unitarian Church, by the Rev. W. H. Furness, Samuel M. Cleveland, M.D., and Julia H., daughter of the late William H. Conover, of Freehold, N. J.

McCORD—HARRY.—On the 16th ult., at Sunnyside Chester county, Pa., by the Rev. George G. Field, Benjamin McCord, of Philadelphia, and Lydia, daughter of Dr. S. H. Harry.

SIMONTON—CAMPBELL.—At St. Paul, Minn., August 11th, by Rev. W. Simonton, Dr. Thomas D. Simonton and Mrs. Emma M. Campbell, both of St. Paul.

STRAWN—FOLKROD.—On the evening of the 12th ult., by the Rev. A. J. Rowland, Dr. J. Strawn and Lucy Packer Folkrod, both of Philadelphia.

DEATHS.

HULL.—In New York City, on Friday August 22d Mary Delafield, wife of Dr. Joseph J. Hull, and daughter of Cornelius DuBois.

MITCHELL.—In this city, on August 16th, 1879, S. B. Wylie Mitchell, M.D.

MORGAN.—At Suffield, Conn, on Friday, August 15th, Dr. Edwin D. Morgan, son of the Hon. E. D. Morgan.

NAGLE.—In this city, on the 15th ult., Dr. George L. Nagle, in his 75th year.

POTTER.—At Fitzwatertown, Montgomery county, Pa., on the 12th ult., Harry Augustin Potter, son of Dr. Robert E. and Charlotte F. Potter, aged one year.

WOLCOTT.—In this city, on the 26th ultimo, Dr. Charles Rosa Wolcott, in the 63d year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

A CASE OF INVAGINATION OF THE LARGE INTESTINE—RECOVERY.

Read before the Northern Medical Society of Philadelphia,

BY W. M. WELCH, M.D.,

Of Philadelphia.

Robert P., an infant, aged 7 months, previously healthy, having been somewhat restless and fretful during Friday evening, May 17th, 1878, was seized about midnight with violent pain in the abdomen, and about one hour later with vomiting. On Saturday morning (18th) I found the child suffering from great pain, which was somewhat paroxysmal. There was also vomiting; fever, but not very high; face pale; countenance sunken, and indicative of great distress. There had been this morning a discharge from the bowels, consisting of mucus markedly tinged with blood. I ordered a small dose of castor oil, with a little laudanum, but the stomach did not retain it. In the evening warm water enemata were freely administered, the child being held at the time in a position by which the head and shoulders constituted the most dependent part of the body. With the object of quieting the pain, opium was ordered, in repeated doses.

19th. Pain and vomiting continue; has had a good deal of tenesmus. Since yesterday morning has several times passed mucus, mixed with blood. The infant is very much exhausted, and presents a deathly aspect. Warm water enemata were again freely used; and opium in the form of the deodorized tincture continued.

20th. Although maintained in a half comatose condition by the free use of opium, yet the pains recur paroxysmally, and the vomiting is renewed almost immediately after nursing. There is still an occasional discharge from the bowels, of mucus, tinged with blood. I tried this morning inflation of the intestines with air, but without success.

21st. The pains and the irritability of the stomach continue, though they are less aggravating than formerly. This afternoon had a small fecal passage, which was very offensive and dark in color.

22d. The stomach is less irritable to-day; retains the breast milk, also a little brandy, milk and water. Had a small fecal passage last night, and another this forenoon.

23d. Has had increase of pain since yesterday. Opium administered more freely.

24th. The paroxysms of pain are intense, and are attended by straining and bearing-down efforts. Had this morning another small fecal passage.

25th. The violent tenesmic and bearing-down pains continue. Has had two or three small and offensive fecal passages. The deodorized tincture of opium is still administered freely.

26th. The pains continue to be of the same character. Passed a little fecal matter this morning.

27th. Pains not so severe since twelve o'clock, midnight. Has passed no fecal matter, but has had several watery discharges, containing mucus and traces of blood. Vomiting set in again during last night, and the patient is very much prostrated, has a feeble pulse, great thirst, and a peculiarly anxious and sunken expression of the face. On introducing my finger into the rectum I discover nothing abnormal.

28th. The pain has abated considerably, and vomiting has occurred only a few times since yesterday. The discharges from the bowels continue watery and muculent, and contain only very little fecal matter. The child sleeps the greater part of the time, though the quantity of opium now used is much less than formerly. Takes nourishment (breast milk) quite frequently; also brandy and water.

29th. Is quite comfortable, suffering from pain only when the bowels are moved; has had three or four tolerably free fecal evacuations; vomited quite freely last evening, but not since; nurses freely; has required only two or three two-drop doses of laudanum since yesterday.

30th. Condition about the same as yesterday.

31st. Has had a little increase of pain since last evening; several fecal evacuations and no vomiting. The general appearance of the child has somewhat improved.

June 1st and 2d. Continues in about the same condition; the pains still come and go.

3d. Has had some very severe pain since last evening, and it has been accompanied by very great straining and bearing down efforts. There has been a great deal of rattling of wind in the intestines. Has had several evacuations from the bowels, some of them fecal, and others watery and muculent. The only nourishment the child is allowed to take is breast milk, and this it continues to take freely.

9th. Has been quite comfortable during the last six days, suffering only very little pain, if any. Has had three or four evacuations from the bowels each day, and some of them have been almost natural in appearance. The child is weak and very much emaciated, though he feeds well, and is at times inclined to be playful. The opium has been continued, though in smaller doses, and less frequently repeated.

10th. Child more restless this morning, and seems less disposed to take nourishment, though he does not appear to have much pain. The discharges from the bowels are largely composed of mucus.

11th. There has been no passage from the bowels during the last twenty-four hours, and vomiting has occurred two or three times. There has also been some return of pain. Opium increased.

12th. Has rested tolerably well since yesterday, the pains not being very great and the vomiting having ceased. Takes nourishment more freely; has had two or three movements from the bowels, of the same character as heretofore. There is in the intestines an enormous amount of wind-rattling.

15th. Very little change in the condition of the patient. The use of opium having been suspended for a day or two, the child is now uneasy and fretful, though he does not appear to suffer from very much pain. Takes plenty of nourishment, and a little pepsin is given after feeding.

25th. During the last ten days the general condition of the patient has remained unchanged. Although the pain has not been at all severe, yet frequent straining and bearing-down efforts have been noticed. This morning, after one of these efforts, a portion of the bowel, about three inches in length, was found protruding from the anus. At first sight it was thought that possibly this was simply prolapsus ani, but on introducing my finger alongside of the mass into the rectum, which I could do, I found that this gut, or the lower part of it, at least, was not at all prolapsed. I then introduced the mass within the rectum and pushed it up as far as my finger could reach, but it did not disappear. Warm water, by injection, was then freely used, with the child in the position previously mentioned, and opium, which had been discontinued for some time, was renewed.

30th. During the last five days straining has been a very prominent symptom, and prolapsus of the intestine has occurred nearly every day. The portion of the bowel now protruding is much greater than at first. The evacuations contain some fecal matter, a good deal of mucus, and sometimes a little blood. Again, warm water, by injection, was tried, in vain, to remedy the difficulty. To relieve the pain and straining, and to act as an astringent to the parts, opium and tannin suppositories were tried, but opium (deodorized tincture) by the mouth proves more satisfactory. In order to guard against the prolapsus, a compress is worn over the anus.

July 24th. Since the last record was made the patient's condition has not improved. The invaginated bowel may be felt at any time within the rectum, and very frequently is forced through the relaxed sphincter, in spite of the compress, and made to protrude from the anus to an enormous extent; indeed, as much as ten inches of the bowel has been seen protruding. In appearance it is very much congested, being of a deep red color, or slightly purplish, and when handled stains the hands with blood. It is also very much corrugated or puckered, and, in shape, presents an obtuse angle. The child has by this time grown excessively weak, and is greatly emaciated. In this condition he was to-day sent to the "Children's Seashore House," Atlantic City, in charge of Dr. Wm. H. Bennett.

September 4th. The child was brought home to-day, in a state of perfect health. Dr. Bennett informs me that the general condition of the child remained unchanged for about ten days after admission to the Seashore House. During this time the tenesmus, straining and bearing-down pains continued, and the bowel protruded from the anus several times, and almost always to a very great extent. Dr. Bennett's treatment consisted in replacing the mass and applying a pad to the anus, and another to the left iliac region. He kept the child the greater part of the time under the influence of opium, at first using it in the form of suppositories, but afterward preferring morphia by the mouth, as the suppositories seemed to produce tenesmus and straining. "Other than this," Dr. Bennett says, "the treatment was simply tonic, and I am thoroughly convinced that it was the improvement in the child's general health which led to the permanent cure."

The mother of the child, who is a very intelligent woman, sends me the following statement: "Early on the morning of the 2d of August the bowel came down further than it had ever been, and discharged more blood and matter (mucus) than it had previously done, the discharge continuing all through the day; but after that time there never was the slightest bearing down. During that week the child cut the four upper teeth, took food greedily, besides nursing, and the motions of the bowels become natural. He regained strength daily, and was quite well on our leaving the Seashore House, the first week in September."

Remarks.—Invagination of the small intestines is believed to rarely constitute disease in children under one year of age. Although those accustomed to make post-mortem examinations of infants have frequently found invagination in the jejunum and ileum, yet in all such instances death has resulted from some other disease, and wholly independent of any symptom of disorder of the bowels during the lifetime of the patient. It is, therefore, believed that this is a simple form of invagination, being produced and restored again without any suffering on the part of the infant: or else, that it frequently occurs during the act of dissolution. In children over two years of age fatal cases of this form of the disease have occurred, though not very frequently.

The two forms of invagination which constitute the vast majority of cases in children are, first, that in which the ileum passes through the ileo-cæcal valve, inverting and drawing down with it the cæcum and colon; and, second, that in which the cæcum is primarily inverted, and descends into the colon, inverting the latter, and drawing after it the ileum. A few cases of invagination of the colon alone are found on record. The above case is believed to be an example of that form of the disease.

The diagnosis of invagination in infants is usually not very difficult. The disease is indicated by obstinate constipation, vomiting, paroxysmal pains, tenesmus, straining, scanty passages of mucus or blood, or a mixture of both, and sometimes by the presence of the invaginated bowel in the rectum. But to make a differential diagnosis between the different forms of the complaint is often a matter of very great difficulty. In either of the two common forms of the disease already referred to, if the inverted intestine should descend through the whole length of the colon and rectum, and protrude from the anus, the gut would most likely become strangulated and impervious. Because, therefore, in the above case the gut did not become strangulated, but remained more or less pervious from the beginning to the end, except, perhaps, during the first three days of the attack, is one reason why I believe the disease to have been located in the large intestine.

In infants, invagination of the intestines, other than the simple form referred to, commonly proves fatal. But while death is the common result, yet there are two modes worth considering, by which life is sometimes preserved. One is reduction of the incarcerated bowel, which is followed by immediate relief. When the colon is the seat of the disease, there can be no doubt, I think, that reduction sometimes takes place through the unaided vermicular movements of the intestine. The foregoing case is certainly an example of recovery by this mode. Reduction, also, is sometimes brought about by mechanical means; such as the employment of water by injection, and air by inflation. Although both of these agents were employed in my case, and failed, yet I must confess that while the enemata were freely used, the inflation of the intestines with air was, perhaps, not as thoroughly done as it should have been, since I used for the purpose, not a bellows, but a Wattson's syringe. The other mode by which recovery sometimes takes place, though, doubtless, very rarely in infants, is sloughing of the incarcerated portion of the intestine, and its expulsion from the anus. In the two most common forms of invagination in infants, and especially when so extensive that the volvulus reaches to the anus, recovery by the

reduction of the displaced intestine is, I believe, a result quite impossible; so that, in such cases, if recovery takes place at all, it must almost of necessity be by the process of sloughing. Therefore, the mode of recovery of the above case being by reduction, and not by sloughing, of the bowel, is another reason why I believe the disease to have been located in the large intestine.

In conclusion, I have to thank Dr. Leaman for his kindness in having visited the patient with me, and also for some valuable suggestions.

THE FRACTURED SKULL OF A SUICIDE.

BY JARVIS S. WIGHT, M.D.,

Professor of Surgery at the Long Island College Hospital, Brooklyn, N. Y.

An unknown man, who died by his own hand, after being investigated by the Coroner and his jury, was brought to the Long Island College Hospital for dissection. He shot himself in the right side of the head, about midway between the eye and the ear. The skull of this suicide was on its way from the dissecting table to the field of the unknown dead, when the janitor, knowing my fondness for such specimens, stopped it in its journey and put it in my hands. This skull has points of practical and scientific interest, and I now propose to describe these points. The practical points come first, namely:

1. A lead ball, weighing forty-two grains, was found inside the skull, in the midst of decomposing brain substance. This ball was flattened and abraded on one side, and somewhat misshapen on the other side. The muzzle of the pistol which drove this ball into the suicide's head must have been very near the place of entrance. The effects were considerable and somewhat surprising, and may be enumerated as follows, namely:

2. Just above the right zygomatic arch an opening was made in the sphenoid and temporal bones. This opening was narrower in the middle than at either end. It was two inches long antero-posteriorly, and about one inch wide vertically.

3. The zygomatic arch was broken about its middle, and the superior maxillary bone was broken nearly through into the orbit, about half way between the alveolar process and the malar bone.

4. At the posterior extremity of the opening made by the ball, and about one inch above the external meatus, began a fracture of the skull, extending obliquely and irregularly backward and upward, nearly eight and one-half inches; the limit of the fracture was about three inches above and about one and one-half inches back of the left external meatus.

5. About four inches from the opening made by the ball, and one inch from the midline of the skull, the above noted fracture has a branch fracture running obliquely upward about three inches, to the midline of the skull.

6. At the upper angle of the anterior extremity of the opening made by the ball, and about one inch above the supra-orbital ridge, began a fracture, extending obliquely and irregularly upward and forward, across the frontal bone, about six inches. The limit of this fracture was four inches above and two inches in front of the left external meatus.

7. About three inches from the opening made by the ball, and three-fourths of an inch from the midline of the skull, the above noted fracture had a branch fracture running nearly directly upward and backward, two and one-half inches, to the coronal suture.

8. The two principal fractures went around the skull, leaving three and one-half inches of unbroken bone on the left side.

9. The two branch fractures left only two inches of unseparated bone on the top of the skull. The posterior branch fracture went into the sagittal suture, and the anterior branch fracture went into the coronal suture.

10. From the opening made by the ball the sphenoid bone was broken through irregularly, between the foramen rotundum and the foramen ovale, into the foramen lacrum medium.

11. More than one-half inch square of the posterior part of the external wall of the right orbit was broken out.

12. The basilar process and the condyles of the occipital bone were also broken out.

13. A fracture two inches long began at the posterior side of the foramen magnum and ran outward about one inch behind the right mastoid process.

14. On the left side a fracture extended from the foramen lacrum medium, directly across the glenoid fossa, into the external meatus.

15. From the left external meatus a fracture with two short branches extended upward and backward about one inch.

16. From the left external meatus a fracture extended forward and upward nearly five inches. The limit of this fracture was one inch above the left supra-orbital ridge, and seven-eighths of an inch below the main anterior fracture of the opposite side.

17. This suicide came near breaking his skull into three pieces by means of a pistol ball

weighing forty-two grains; showing the enormous energy of a pistol ball at a very short range, and, perhaps, the brittleness of an individual skull.

18. There were also a number of small pieces of this much broken skull.

19. It is possible that some of the injury to this skull was caused by the fall of the suicide after the ball penetrated his head.

And in the second place come the scientific points, namely:—

1. The base line measured five and one-eighth inches.

2. The transverse diameter measured five and sixth-eighths inches.

3. The antero-posterior diameter measured seven inches.

4. The circumference measured twenty and four-eighths inches.

5. The anterior arch measured twelve and one-half inches.

6. The frontal arch measured thirteen and one-half inches.

7. The middle arch measured fourteen inches.

8. The superior arch measured also fourteen inches.

9. The posterior arch measured eight and two eighths inches.

10. The masto-frontal angle measured about 70°.

11. This skull was so broken as to make it impossible to measure its cubic capacity.

It may be interesting to compare the dimensions of the skull of this suicide with the average dimensions of twenty-one Caucasian skulls, in the following table:—

Dimensions.	Average of 21 Caucasian Skulls.	Skull of a Suicide.	Difference.
Base line	4.843 in.	5.125 in.	$\frac{28}{100}$ in.
Transverse diameter	5.6 in.	5.75 in.	$\frac{15}{100}$ in.
Antero-posterior diameter	7.184 in.	7 in.	$\frac{18}{100}$ in.
Circumference	20.43 in.	20.50 in.	$\frac{7}{100}$ in.
Anterior arch	12.625 in.	12.50 in.	$\frac{12}{100}$ in.
Frontal arch	13 488 in.	13.50 in.	$\frac{1}{100}$ in.
Middle arch	13 565 in.	14 in.	$\frac{43}{100}$ in.
Superior arch	13.28 in.	14 in.	$\frac{72}{100}$ in.
Posterior arch	7.7 in.	8 25 in.	$\frac{55}{100}$ in.
Masto-frontal angle	75.5°	70°	5.5°

From the above table may be drawn the following conclusions, namely:—

1. The base line of the skull of a suicide is greater than the average base line of 21 Caucasian skulls, by $\frac{28}{100}$ of an inch.

2. The transverse diameter of the skull of a suicide is greater than the average transverse diameter of 21 Caucasian skulls, by $\frac{15}{100}$ of an inch.

3. The antero-posterior diameter of the skull of a suicide is less than the average antero-posterior diameter of 21 Caucasian skulls, by $\frac{18}{100}$ of an inch.

4. The circumference of the skull of a suicide is greater than the average circumference of 21 Caucasian skulls, by $\frac{7}{100}$ of an inch.

5. The anterior arch of the skull of a suicide is less than the average anterior arch of 21 Caucasian skulls, by $\frac{12}{100}$ of an inch.

6. The frontal arch of the skull of a suicide is about equal the average frontal arch of 21 Caucasian skulls.

7. The middle arch of the skull of a suicide is greater than the average middle arch of 21 Caucasian skulls, by $\frac{43}{100}$ of an inch.

8. The superior arch of the skull of a suicide is greater than the average superior arch of 21 Caucasian skulls, by $\frac{72}{100}$ of an inch.

9. The posterior arch of the skull of a suicide is greater than the average posterior arch of 21 Caucasian skulls, by $\frac{55}{100}$ of an inch.

10. The average masto-frontal angle of 21 Caucasian skulls is greater than the masto-frontal angle of the skull of a suicide, by 5.5°.

11. General conclusions: *This suicide had less than the average volume of brain in the anterior part of the cranial cavity. He had more than the average volume of brain in the posterior part of the cranial cavity.*

In fine, I regret that these are the only facts that I have of this case to put on record.

MOLAR PREGNANCY—AN ANOMALOUS CASE.

BY O. E. HERRICK, M.D.,
Of Michigan.

On the 15th of April last I was consulted by Mrs. D. for a persistent pain in the head, and occasionally attended, after three or four hours of severe pain, by paroxysms of frenzy, which would continue for from two hours to twelve or fourteen, when they would again gradually subside. These paroxysms were always attended by a feeling of fullness about the head. She stated, upon her first visit to my office, that she was pregnant about four months, and that her headache dated from about the time of conception; she believed that her headache and spasms would kill her if she was allowed to go to full time. I thought that perhaps it was but a *ruse* to get me to produce an abortion, and felt quite sure that such was the case when she added that she had importuned her usual medical attendant (a reputable physician) to produce an abortion to relieve her, and he had refused, telling her that

her headache and paroxysms of frenzy were entirely independent of her pregnancy. One thing which made me suspect, however, that the case was not a case of ordinary pregnancy, was, that she flowed a little at each monthly period, and her breasts were flaccid, although she was a woman of full habit, while she had leucorrhœa almost continuously.

I heard nothing further from her until May 2d, when I was called in haste to see her. I found her suffering severe pain in the head, face flushed, and with symptoms of mania well marked, although there were lucid intervals, but upon the return of pain she would again become violent. I gave her 20 grains of chloral hydrate every two hours, and fl. ext. of ergot, 15 drops, every hour (I gave the last to lessen the circulation in the brain). After the third dose of chloral she became quiet, and shortly dropped off into a sleep, and slept until about midnight quite naturally, when she awoke; and although she was still delirious, was much more quiet than before. She was given another 20 gr. dose of chloral, and in about twenty minutes again fell asleep, and slept until morning, at which time I again saw her, and found her rational, and suffering only slight pain in the head. I then made a vaginal examination, and found the uterus enlarged to about the size it should attain at a five months' pregnancy; but instead of having the hard feel of the pregnant uterus, it had a flabby, spongy feel; the os was dilated so that it readily admitted the finger, and I found that the neck was occupied by something which appeared to the finger like a piece of placenta. I introduced a gum-elastic catheter into the cavity of the uterus, and injected through it, with a common bulb syringe, about eight ounces of warm water; also continued the ergot. In about three hours I called again and found her flowing quite liberally, and undergoing pains at regular intervals. After waiting about an hour, and after a pain of unusual intensity, I made an examination, and found laying in the vagina a fleshy, fibrous mass, covered externally by a membrane, which might have been the decidua in a natural condition, while the inner surface of the mass was lined by a fine membrane, having the usual character of the amnion. After passing the mass, her pains suddenly stopped, and the flowing was only very moderate. I then left her, with instructions to take the ergot at longer intervals, about three hours apart. I called the next morning, and found she had passed three more, almost exactly like the first, about two inches in diameter, and she continued passing them for four days, until she had passed eleven of them, the last three of which I removed with the wire scoop; during all this time her flowing was quite moderate, and at no time severe. She made a rapid and good recovery, and has had no return of head symptoms since.

It is not an unusual thing for the uterus to be filled with a large number of vesicles of irregular shape and size, in the hydatid form of mole pregnancy. But it is, I believe, an unheard of thing for the variety described above to occur in such numbers, and each one entirely distinct from the other. It would seem as though a whole crop of ovules had been blighted, and that each one had commenced life with a distinct and separate placenta.

Another interesting feature of this case is the neurasthenia. The condition of this patient was exactly the opposite from the condition of patients said to be suffering from puerperal mania, as described by authors upon that subject. She was a robust woman, plethoric and strong, not weakened by hemorrhage or other abnormal discharges, except, perhaps, the leucorrhœa, and that had not weakened her, as her circulation was unusually strong during all her trouble. Authorities tell us that the cause of puerperal mania is anæmia, caused by hemorrhage, malignant disease of the uterus, abortion, etc., and is a disease which arises from great exhaustion. The question I wish to raise is, may it not occur from exactly the opposite condition; instead of the brain being anæmic, and not having enough blood supplied it, may it not have too much, as is the case in alcoholism, etc.? I believe both these conditions may produce maniacal excitement, and that one is as likely to produce it as the other, and hence the necessity of recognizing the difference of origin before commencing treatment. Diseases of the uterus, of all kinds, seem to exert a powerful influence upon the whole nervous system, and the brain being the great nerve centre, is especially apt to be more or less influenced by any severe or protracted disease of the uterus; it need not necessarily be pregnancy, nor need it occur only after a tedious delivery; but may, and frequently does, occur from any long standing inflammation or congestion of that organ; I have seen it in bad cases of dysmenorrhœa; I have also seen it as melancholia, in cases of displacements of long standing. We frequently observe it among frail married ladies living with strong and vigorous husbands, occurring from excessive coitus; the uterus is kept in a constant state of congestion, and the woman is converted into a maniac, and

hates the man she should love better than all others, and for no other reason than that her brain is influenced by her much-abused uterus. No matter what, in each individual case, the disease may be called, it is simply mania. The fact that the woman can no longer control her mind is sufficient evidence that she is insane. That point once settled in the mind of the attending physician, he should always look after the state of his patient's uterus. If he finds that his patient has recently passed through childbirth, and is suffering from puerperal fever, he should treat her for that disease. If his patient is in labor, and is attacked with violent pain, heat and throbbing of the head, which is greatly increased by her uterine pains, the cerebral excitement becoming intense, followed by furious delirium or convulsions, then he should deliver at once, and treat her for ordinary convulsions, which is but another form of this same class of difficulties. If the patient has dysmenorrhœa, and loses control of her mind, call it hysteria if you will, but it is uterine mania, just the same. Do not leave her to get well the best she may, but treat her dysmenorrhœa, and you will undoubtedly cure her mental difficulty. A patient with displaced uterus should have it replaced, and retained there after some common sense method. If the woman's husband is the cause of her trouble, either send him or her on a visit, and her peculiar form of insanity will probably vanish. In short, treat each individual case, and ignore the classes.

Medical Societies.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

(Reported for the Medical and Surgical Reporter.)

At the meeting in July, Dr. W. M. Welch read a paper, giving the history of a case of invagination of the large intestine, with recovery without sloughing (see page 221).

Dr. Stone remarked that invagination of the intestine generally occurred in young and feeble children, making the diagnosis perplexing and the treatment difficult. He recently attended a case of a male infant, who, on the second day after birth, was attacked with severe tenesmus, accompanied with great tympanites. The dejections were small in amount. A cathartic moved the bowels, bringing away, however, only a small amount of fæces, with but very little relief. He introduced a common gum catheter into the rectum and drew off a very large quantity of flatus, with temporary relief. This operation was repeated three times, with the same result. The post-mortem showed a congenital stricture of the colon, with a fold of the mucous membrane acting as a valve, nearly closing the gut. The case was not mistaken, but the symptoms closely resembled those of invagination, showing that we must be upon our guard in the diagnosis.

Dr. Eskridge had seen several cases of prolapse of the rectum which were reduced by hot water injections, after failing to reduce by the hand and by cold water. He reported the following case, and asked the opinion of the members: A middle-aged woman, in not very robust health, wife of a clergyman, was attacked with severe pain in the bowels, which disappeared as suddenly as it came, in less than half an hour, without medical aid. Three days later she had another attack, apparently the same, and the Doctor was called. One and a half grains of morphia failing to relieve, she was kept under the influence of ether for nine hours, when the severe pain suddenly ceased, only to be renewed after an interval of twelve hours. There was nausea and vomiting, chiefly of mucus. Temperature nearly normal (98° to 99°). She had been living upon liquid food for the past three years, saying that solids always gave her distress in the abdomen. There had also been a direct inguinal hernia, but there was no protrusion at the time, and no tumor could be felt in the abdomen. These paroxysms recurred daily, with little change, until the ninth day, when the vomiting became stercoraceous. Peritonitis set in on the tenth, and she died on the eleventh. No post-mortem was allowed.

There is a case reported in Watson's *Practice*, in which, after similar symptoms, a post-mortem revealed a gall stone, which had passed into the bowel, obstructing it at a previous stricture. He thought this case had a similar pathology. The suddenness of the seizure, together with the equally sudden relief, and the absence of all tumor, led him early to the diagnosis of hepatic colic, which diagnosis was concurred in by the consultant, Dr. Mills. He saw no reason for changing this opinion until the stercoraceous vomiting on the ninth day indicated obstruction. That there was a stricture somewhere in the alimentary canal, he thought was clearly shown by the selection of a liquid diet, and persisting in it for so long a period as three years.

Dr. Janney thought all the symptoms in Dr. Eskridge's case *might* have been from strangulation occurring in an old hernia returned into the cavity of the abdomen unreduced. He asked the question, why laparotomy should not be performed in all cases of invagination and internal strangulation from any cause. The experience of the gynecologists has proved that the operation is not in itself a very dangerous one. Some intussusceptions could not be reduced, yet others might be, and the extreme condition of the patient, he thought, would justify the attempt. He thought no surgeon would have refused to operate in Dr. Eskridge's case.

Dr. Rihl reported a case of a female, aged 79, who died of cancer of the stomach. The post-mortem showed, besides the tumor in the walls of the stomach, a large oval calculus, an inch and a half in the longer diameter, entirely filling the gall cyst; also a calculus of the shape and nearly filling the pelvis and calices of one kidney. He felt interested in these, because there was no

symptom during life that pointed to disease in either of these organs. The calculi were exhibited.

BRITISH MEDICAL ASSOCIATION—PROCEEDINGS OF SECTIONS.

In accordance with our custom, we give abstracts of the more important papers read before the Sections.

SECTION OF MEDICINE.

The first paper was read by Dr. H. Bennett, on

Mountain Air in Phthisis.

His conclusion was that recent experience at St. Moritz and Davos, as also at St. Paul's, Minnesota, United States, where hundreds of consumptives are now sent yearly, proves that phthisical sufferers may be exposed to intense cold, in the coldest regions of the earth, and yet do well, probably because they give up living in confinement in breath-poisoned rooms, and spend many hours daily out of doors. But it does not prove that these cold regions are the best for them. One fatal objection to mountain regions in winter in Europe, for any invalids, is, that from eighteen to twenty hours in the twenty-four must be spent in stove-heated rooms, and in bad weather the entire twenty-four. On the North shores of the Mediterranean, as on the plains of Central America, the phthisical patient may live in an atmosphere of pure air, with windows more or less open all the winter, day and night. The thermometrical conditions in-doors, in thoroughly ventilated rooms, with open windows, are about the same as those given for Quito, that is, they only vary between 56° and 66°.

Dr. Jagielski (London) said that a belief in the specific value of mountain air in phthisis threatened to become universal, and might probably lead to very one-sided views or other therapeutic evils. The Russian physicians were in the habit of sending phthisical patients to the Steppes of Tartary—a practice which was in opposition to the view of altitudes. The Tartar Steppes were sometimes not above, but below the level of the sea. Iceland had the same immunity from phthisis. It was said that this was because the inhabitants made use of a certain beverage, which consisted of a whey-like fluid, which they used to bottle up and bring to a fermentation; and it was said that no phthisis existed in Iceland up to the time of the introduction of tea and coffee. Something similar had been told of the Shetland Isles; so that, in fact, it was not altitude which was the particular influence.

Dr. George M. Beard read a paper on

Inebriety and Allied Nervous Diseases in America.

He stated that his interest in the subject was purely scientific; that he had been led to study the subject simply because it belonged to neurology—a department of science to which his life was devoted. Inebriety he defined as a functional disease of the nervous system; the chief, though not the only, feature of which is an irresistible desire for stimulants and narcotics, such as alcoholic liquors, opium, chloral, etc. Other accompanying and preceding symptoms are mental depression, mental irritability, insomnia, tremors, hallucinations, delusions, severe neurasthenia (nervous exhaustion), and in some cases, alcoholic tranee. The disease inebriety is distinguished from the vice of drunkenness in four ways: first, by its irresistibleness; secondly, by its periodicity or intermittent character; thirdly, by its transmissiveness; and, fourthly, by the above nervous symptoms associated with it. The vice of drunkenness is objective; the disease inebriety is subjective. The disease inebriety has much the same relation to the habit of drunkenness that some forms of insanity have to eccentricity. The chief predisposing cause of inebriety is civilization. Savages, semi-savages and barbarians drink far more than enlightened nations, and the disease inebriety is always less frequent where the habit of drink is most common. The chief exciting causes of inebriety are alcoholic liquors, opium, chloral, etc. Another exciting cause is neurasthenia, or nervous exhaustion, particularly the form cerebrasthenia, or exhaustion of the brain. Brain exhaustion, which follows loss of property, bereavement, or sunstroke, may excite inebriety in one who is predisposed to that disease. In America, sunstroke is quite a frequent exciting cause. Injuries to the brain, as railway accidents and the like, may excite the disease; so also may salt air; some inebriates cannot go to sea, nor near the sea coast, without suffering an attack, with accompanying symptoms, such as headache, neuralgia, nervousness, etc. Inebriety is more common in America than in any other country, mainly from climatic reasons; dryness of the air and extremes of heat and cold. For the same reason other functional nervous diseases of the family to which inebriety belongs, such as neurasthenia, general neuralgia and hay fever, are more common in the northern and eastern parts of America than in the southern. Like every nervous disease of the family to which it belongs, it pretty steadily diminishes as we go south—go to the Gulf States; yet there is more total abstinence in the north than in the south. There is no country in the world where there is so much total abstinence from drinking, and at the same time so much inebriety, as among the people of the northern and eastern parts of the United States. The habit of drinking has been diminishing for the last half quarter of a century among the better classes, but the disease inebriety has been increasing at the same time among the same classes. Inebriety is to-day treated on the same principle as other nervous diseases of the same family to which it belongs; that is, first, by keeping the patient away from the exciting causes, and, secondly, by fortifying the system with sedatives and tonics. For very many cases asylums are indispensable, and legislation is needed, and in America is exercised, to give power of holding such cases. The best law, on the whole, is the law of the State of Connecticut, which is very similar to the "Habitual Drunkards' Act" which has just been passed by the English Parliament. The best remedies for fortifying the system and breaking up the habit of drinking, are bromides in very large doses (℥j to ℥ij), especially bromide of sodium;

electricity in general and central applications (general faradization and central galvanization), strychnine, quinine and cinchona, iron, cod-liver oil in emulsion, the preparations of zinc (oxide, bromide and valerianate), with warm baths. This system of treatment for opium inebriety, combined with the gradual withdrawing of the drug, has been wonderfully successful in America.

Dr. Wm. Squire, of London, followed with a paper on

Salicylic Acid in Rheumatism.

The iron treatment introduced by Dr. Russell Reynolds checked in some degree the febrile reaction, prevented subsequent impoverishment of the blood, and some of the worst consequences of endocardial exudation. Its use in erysipelas, and in rheumatism following some specific fevers and the puerperal state, is well attested. With children, cases may arise where a choice has to be made between iron and salicylic acid; one or the other must be adopted; they cannot both be employed at once. Dr. Squire's experience of iron was a favorable one. Twice in children, where the first signs of rheumatism were in the heart, this means, with chloral at night, gave good results. In one case, of a boy five years old, treated early with salicylate of soda, no heart affection occurred. In a girl three years old, with an endocardial murmur, and no joint affected when first seen, good progress followed the salicylate, but a soft systolic or presystolic *bruit* remained. The only evidence of the earliest attack of acute rheumatism in young children is often in the heart. Second attacks of acute rheumatism in adolescents have been treated very advantageously by either means. The change from profuse perspiration and great restlessness to comparative comfort, by the use of dyalised iron, in a young man with high fever, on the fourth day of other treatment, was very marked; good convalescence began in a fortnight. In a similar case treated on the third day with salicylate of soda, in twenty-four hours, before two drachms had been taken, all fever was subdued, and the convalescence began in a week. In second attacks, much prolonged, occurring to men at the age of fifty, one had pneumonia, one a systolic and cardiac murmur, and diffused pulmonary *râles;* rapid improvement followed the use of salicylate of soda. Cardiac irritation is always soothed under its influence; with a steadier circulation the *râles* in this case disappeared, diarrhœa, meteorismus, and perspiration ceased, and the urine, pale and of low specific gravity, as it often is in these prolonged cases, was soon restored to its normal quality. What none of the eliminative means used had been able to effect now occurred. An increase in the elimination of urea, noticed in favorable cases, is aided by the salicylate of soda; it acts as a sedative, without checking any of the secretions. The relief of pain is partly from its action on the central nervous system, more directly from the dilatation of the peripheral blood vessels which it produces; at the same time excitability of the heart is lowered; hence, its utility when the heart is already involved, while by its power to arrest the special febrile action, at whatever period of the disease it is given, no remedy can be so likely to prevent that complication. The earlier it is given, and the sooner its effects are produced, the less likely is the heart to suffer, for the shorter the duration of the fever the less is the possibility of heart disease. As salicylic acid is rapidly eliminated by the kidneys, the doses of it, or of salicylate of soda, must be frequently repeated. Salicine is but slowly and partially converted into salicylic acid. The acid is less easily and less safely administered than salicylate of soda, and is in no way more efficacious where no germicide influence is required. The acid so readily and cheaply obtained from carbolic acid, since Kolbe's great discovery, has exactly the therapeutic properties of that prepared by Cahors from the winter green (*Pyrola*) as determined in 1855 by Bertagnini. Salicine, as first separated by Leroux from willow bark, has been found by Senator and others to have no other action. The salicylate of soda is the readiest way of giving the remedy where its effects should be produced rapidly, a point of great importance in the young, and is exactly suited to what is required in the treatment of acute rheumatism.

His paper was discussed by several, and the President summed up the results of the discussion as follows: First, they had as yet no stable criterion whereby to determine the therapeutic effects of any drug upon rheumatic fever; they did not yet completely know the history of this fever. Secondly, therapeutic conclusions were apt to be vitiated by failing to distinguish between the two forms of the disease to which Dr. Southey and Dr. Sinclair had referred. Third, while the influence of salicylic acid and its compounds somewhat speedily relieved the *malaise* of which the rheumatic sufferer complained, it was extremely doubtful whether they in any degree diminished the peril of secondary cardiac or other inflammatory complications. Lastly, it was left uncertain whether they succeeded in removing that actual pathological state of which, in a sense, these other things might be said to be the expression. In short, there was almost a greater tendency to relapse with the salicylates than otherwise. Although this did not seem to be a very great gain, yet it was enough to help them in future inquiries.

(To be Continued.)

Danger of Pilocarpin in Obstetrics.

As this substance begins to be used in obstetrical practice, Dr. Hyernaux has read a paper at the Belgian Academy of Medicine, cautioning against its employment. He states that from his own experiments and the trials that have been made of it by others in their obstetrical practice, he has come to the conclusion that it exerts no special oxytocic action on the uterus, while it may yet induce abortion; and that it appears to him dangerous for the mother, and especially so for the infant. Prof. Müller, of Bern, who has made trials of the chlorhydrate, confirms these conclusions.

Editorial Department.

Periscope.

The Anti-febrile Effects of Cold Enemata.

In the St. Petersburg *Med. Woch.* of June 14th, quoted in the London *Medical Times and Gazette*, M. Lapin, one of the *internes* of Prof. Manassein's clinic, gives an account of the trials that have been made there of cold clysters as an antipyretic means. After noticing the few observations upon the subject which have already been recorded, he gives an account of the fifty observations which he has made in Prof. Manassein's wards. Of these he has published a detailed account in a Russian journal, confining himself in the present communication to a general statement of the results.

Prior to the administration of the clyster the temperature of the patient was taken, while lying on his back, in the axilla, the hypogastric region, and the rectum. The temperature of the liter of water employed varied from 5° C. to 10° C. (41° F. to 50° F.), and Hegar's apparatus at a pressure of two feet was used for the administration. After the water had been discharged the temperature was again taken in the same localities. Of the fifty trials, twenty-six were made on fever patients, twelve on patients with non-febrile diseases, and twelve on persons in health. From these trials the following conclusions are drawn: 1. Cold clysters form a practical means of reducing temperature, the influence of which continues for a considerable time. After clysters at 10° C. the temperature scarcely reaches its former height in the axilla for from thirty to forty minutes, in the hypogastrium after an hour, and in the rectum after an hour and a half. With clysters at 5° C. the cooling in the axilla lasts for forty or fifty minutes, but in the hypogastrium and rectum it lasts a much longer time than when water at 10° C. is used, so that the prior high temperature has never been observed to be regained until from two to two and a half hours after. 2. The clysters at 10° C. are well borne in all cases, without exception, sometimes leaving behind them a pleasant sense of coolness extending over the whole body. Those at 5° C. are by some just as well borne, but in others they induce unpleasant sensations in the abdomen. In recurrent fever even shivering may be produced. 3. The depression of temperature is more considerable in cases of fever than in non-febrile affections, and in the healthy. (In the fever patients the fall of temperature varied from 0.60° to 0.40° in the axilla, from 1.50° in the hypogastrium, and from 5° to 1.70° in the rectum. In non-febrile cases it varied from 0.40° to 0.30° in the axilla, from 1.40° to 1.10° in the hypogastrium, and from 1.60° to 1.30° in the rectum. In healthy persons, it varied from 0.60° to 0.30° in the axilla, from 1.30° in the hypogastrium, and from 2.60° to 1.40° in the rectum.) 4. Not only is the temperature diminished, but also the number of the pulse and respiration, to a small extent. 5. The greatest diminution of temperature takes place in the rectum; next in the hypogastrium, and least in the axilla. 6. An advantage of the cold clysters as an adjuvant of other energetic antipyretic means consists in their fulfilling other indications besides the depression of temperature: *a.* They remove the accumulation of masses of fæces, which so frequently occurs in fevers; *b.* They diminish meteorism by contributing to the removal of gases; *c.* In this way they render possible greater freedom in the movements of the diaphragm, and remove a source of self-poisoning of the economy by means of the gases; *d.* To a certain extent, they diminish the afflux of blood to the organs in the vicinity of the rectum, especially the uterus and bladder. 7. Stools follow the use of the clysters at different times in different individuals, varying from a quarter of a minute to two minutes and a half. 8. There can be no doubt that, when a clyster is also indicated in non-febrile cases, the cold clyster should be preferred to the warm in all those cases in which, besides the emptying of the intestine, it is desired to produce a tonic effect on the canal, or to diminish the amount of blood in the pelvic organs.

The Internal and External Action of Thymic Acid and Thymate of Soda.

Dr. Alvin, quoted in the *Practitioner*, from *Le Progrès Medicale*, has for more than a year substituted thymic for carbolic acid, in preparations which are used to produce a caustic, substitutive, or simply astringent action upon the mucous membranes of the larynx and pharynx. The solutions thus prepared are much better borne, and are at the same time much more active than those at present in use, and have given the most satisfactory therapeutic results. Thymic acid has the same curative properties as carbolic acid, and has a more pleasant smell. Some of the formulæ which extended use upon a large number of patients has shown to be capable of giving good results are here appended. Solutions for painting the parts may be made as follows:—

1. (*a*) Crystallized thymic acid, 1; pure glycerin, 2–4; (*b*) crystallized thymic acid, 1; iodine, 1; potassium iodide, 1; pure glycerin, 5–15.

2. Substitution solutions: (*c*) crystallized thymic acid, 1; pure glycerin, 50; (*d*) crystallized thymic acid, 1; iodine, 1; potassium iodide, 1–2; pure glycerin, 120; (*e*) crystallized thymic acid, 1; tannin, 1; pure glycerin, 100.

3. (*f*) Astringent solutions: crystallized thymic acid, 1; pure glycerin, 50.

4. (*a*) Pastils: thymate of soda, one milligram. To make a pastil of one gram.

For superficial stomatitis; irritation of the tract; softening of the mucous membrane in smokers; they are very efficacious in cases of spasmodic cough. They have also been tried in whooping cough.

(*b*) Thymate of soda, one milligram; chlorate of potash ten centigrams. For a pastil of one gram.

In severe stomatitis, tonsillitis, and pharyngo-laryngitis.

(c) Thymate of soda, 1 milligram; borax, 10 centigrams. For a pastil of 1 gram.

Ulcerated stomatitis and tonsillitis.

The pastils should be taken in doses of six to ten a day. They are calculated to remove the putridity of the parts which they are destined to cure.

5. Drink: thymate of soda, 1–4 centigrams; simple syrup, 61 grams; water, 100 grams. To be taken in twenty-four hours.

This preparation has been invariably used with success in affections of the lungs, the cough being lessened and the expectoration modified.

In cases of catarrhal bronchitis the disease has always been lessened in duration, and has been occasionally abated. Without stating that it is efficacious in whooping cough, Dr. Alvin believes that it will be found to be useful in that disease, judging from the effects produced on the few patients upon whom he has tried the remedy. Thymic acid has also been employed for inhalation, and in aqueous solution for cases in which naso-pharyngeal irrigation was indicated. It is also recommended as an exceedingly valuable modificatory agent. Thymic acid often contains impurities, and it is to obviate this imperfection that the crystallized acid is ordered. Thymate of soda is a very unstable salt, and requires great care in its preparation. Thymic acid, which is a powerful caustic, has hitherto been prescribed in too large doses (1 gram to 1.50 grams in twenty-four hours). Thymic acid was used in 1866, by Giraldes, in the treatment of wounds.

Treatment of Catarrhal Pneumonia.

Dr. Oscar T. Schultz describes, in the *American Practitioner*, his experience of this disease. On the subject of treatment he says:—

The remedial agents relied upon in the treatment of catarrhal pneumonia were belladonna, calomel, tartar emetic, quinia and whisky, given according to the following indications: When the fever was high, the mind blunted, the cough dry, infrequent, and perhaps painful, belladonna and calomel were given alternately every hour. If the fever remained high, above 101½°, for three or four days, a full dose of quinia was given in the evening. This was invariably followed by an almost normal morning temperature, and moist râles in the inflamed parts of the lungs; then tartar emetic or oxymel scillæ, with ipecacuanha, was continued until the lungs seemed clear. In all cases with high fever whisky was given regularly every hour or two, day and night, in one and a half drachm doses, until the fever abated. The cases which developed during whooping cough, or during capillary bronchitis, were usually treated with tartar emetic and belladonna, as in the following formula:—

℞.	Antimon. et potas. tartr.,	gr.ij	
	Extr. belladon., fluid,	gtt.iv	
	Pulv. glycyrrhizæ,	gr.lx	
	Aquam, ad.,	℥ iij.	M.

Sig.—One teaspoonful every two hours.

Or where there was more febrile action, calomel and tartar emetic were alternated every hour. The whisky was in these cases replaced by a light and nourishing diet of eggs and milk. Quinia was never used in these cases. In this way convalescence was usually established in the chronic form in from six to eight days.

In the catarrhal pneumonia of the aged, digitalis or tartar emetic, together with a treatment of the threatening symptoms, was employed; and if the fever was obstinate quinia was also used. With this course of treatment I lost six out of my twenty-eight cases, giving about 21.4 per cent. against 48.3 per cent., the mortality computed by Juergensen from the reports of five authors; and the results are even more favorable than my figures indicate, when we consider my record of deaths. For one was a man aged eighty-seven, in whom pneumonia supervened upon a chronic bronchitis; the second, a child of seven months, scrofulous, with habitual cough, and where the pneumonia complicated a pertussis; the third, a girl, aged two and a half years, with capillary bronchitis; the fourth, a child of ten months, without teeth, puny, in whom pertussis developed during a summer complaint, and pneumonia closed the scene with hydrocephaloid symptoms; the fifth, a boy aged one year, with pseudo-membranous laryngitis, in whom the lungs collapsed on the third to fourth day, and though the laryngeal symptoms abated, death took place on the fifth day; the last, a boy aged five years, in whom the diphtheritic exudation advanced upward and downward, irresistible as death itself.

The Treatment of Syphilis without Mercury.

Of a number of cases illustrating this treatment, given by Dr. J. P. H. Bodian, in the *British Medical Journal*, we quote the following:—

Case 1.—A. M., aged 32, had a solitary sore in grizzly induration. The occipital and inguinal glands were much enlarged. He had roseola and rheumatoid pains. He was treated in September, 1867, locally, by fuming nitric acid and water-dressing. The chancre healed in twenty-three days. Internally, he had iodide of potassium, nitrate of potash, compound ipecacuanha powder, and liquor opii sedativus. In February, 1868, he was looking well, and at duty. In March, 1871, he was in excellent health; and he continued so until he was discharged the service.

Case 2.—B. T., aged 20, had an indurated sore, roseolar and papular rash, psoriasis of the arms, and very severe ulceration of the tonsils. He was treated October, 1867, locally, by nitrate of silver and sulphate of copper. Internally, he had iodide of potassium, cinchona, and compound ipecacuanha powder. In May, 1868, he was in excellent health, and remained in good health until transferred to another regiment in February, 1873. I heard in 1877 that he was in good health.

Case 3.—C. J., aged 25, had an indurated sore, indurated glands in both groins, and roseolar and papular eruption, very marked and widely spread. He was treated in December,

1867. He was in very good health when he took his discharge, in 1871, and also by accounts lately received. The only local application was cold water; and the chancre healed readily, although the induration was very persistent. Iodide of potassium was administered in decoctum cinchonæ, and he had the usual hot baths.

I must state that all my cases of syphilis were treated by hot baths. Whatever variety there may have been in the use of other remedies, there was none in this. *Hot baths was the standing order for all cases of syphilis.* And, for the most part, the men were strictly confined to bed, often notwithstanding their entreaties to be allowed to get up. The most scrupulous attention was paid to the cleanliness of their linen.

Case 4.—D. W., aged 25, seven weeks previously to his admission for true Hunterian chancre, was under treatment for phagedenic ulceration of the prepuce. With the hard sore, he had indurated inguinal glands. The initiatory fever of secondaries soon appeared, and with it a dusky purplish papular rash, having a pustular tendency. The nates became covered with condylomata, and the scrotum before long looked like a piece of raw beef dotted with little patches of oyster shell. He was treated in December, 1867, locally, by sulphate of copper. Internally, he had iodide of potassium, cinchona, and Dover's powder. In May, 1868, his temperature was 98°, tongue clean, skin perfectly clear; there was not a trace of any rash, pimple, or sore. The scrotum was perfectly healthy looking. He was in robust health, and he continued so until he deserted, some years afterward.

Case of Temporary Amaurosis.

A curious example of this is given by Dr. C. E. Glasscott, in the *British Medical Journal*, July 19th. He writes—

The following case derives much of its interest from the circumstance that we have here a man in perfect health, and engaged in his daily avocation, suddenly plunged into the most utter darkness, and gradually restored to perfect vision, in the course of a fortnight. This occurred without the slightest morbid change observable in the eyes, and was not referable to any known cause; nor was it possible to suggest the cause of the blindness.

Thomas C., a miner, aged twenty-four, was brought to me suffering from sudden blindness. The previous history fails to throw any light upon the etiology of the case. There was no kidney or heart mischief, no evidence of syphilis, no history of fits, giddiness or other nervous symptoms. He never had had any disease, but a fit of colic four years ago, and had worked as a collier for the last fourteen years without losing a day's work from sickness; and the only accident he ever had was a small scalp wound on the occiput eighteen months ago. He had been a teetotaller for five years, and only smoked one ounce of tobacco per week.

I first saw him on January 27th, 1877. He stated his case as follows: On going to work at six o'clock that morning, his sight was perfectly good, and he worked at getting coal till 8.30, when he noticed suddenly that he was in darkness, and called out to his mate that his lamp had gone out, referring to his Davy lamp, which hung at a distance of four feet. He was told that it was burning brightly; but this he refused to believe until the lamp was handed to him, and he found it to be hot; he was then brought to the pit mouth, but he could not tell when he reached the daylight.

I saw him that afternoon, and found that, with his right eye, there was no perception of light from an argand burner, an inch and a quarter in diameter, at the distance of one foot; with the left eye he had the very faintest perception of light. The pupils were only moderately dilated; so I instilled some atropia, and made a careful examination of the whole fundus with the ophthalmoscope. The media were clear, the retinal vessels normal in calibre; the disk was rose-pink, and retina transparent; the region of the yellow spot was slightly more defined than in the normal eye; and the fovea centralis was a little redder in the right than the left. Next morning the quantitative perception of light had gone from the left eye, leaving him totally without perception of light. Both of my colleagues kindly examined the eyes independently, and corroborated my observations as to the apparent healthiness of the fundus. On the 29th I ordered one drachm of unguentum hydrargyri fortius to be well rubbed into each arm, and a couple of drachms to be worn in the axillæ, spread on lint. The patient remained in the same condition until February 5th, when he first complained of a metallic taste in his mouth. Next day his gums were distinctly spongy, and he said he could see the other beds in the ward indistinctly. On the 8th he was allowed to get up, and could see well enough to find his way about the hospital. Daily ophthalmoscopic examination found the appearance of his fundus unchanged. At his own request, on February 10th, he was discharged, and at once resumed his work; his vision at that date was the same with both eyes, viz.: V. $= 1\frac{20}{40}$ c $+$ 24 $= 1\frac{20}{20}$. The field of vision in each eye was perfectly normal.

Muriatic Acid in Typhoid Fever.

Dr. J. Y. Dale, of Pa., writes to the Boston *Medical Journal*, July 24th, 1879—

In treating typhoid fever I have become so impressed with the value of muriatic acid as a remedy that I wish to recommend it to the favorable notice of those of you who have not already given it a trial. My plan is to commence with the acid at the very onset of the disease, giving to an adult ten drops of the dilute muriatic acid of the Pharmacopœia every two hours. This is about half the ordinary dose, but a small dose is better borne by the stomach than a large one, besides being just as efficient. The acid should be given in an ounce or more of water, sweetened if the patient prefers it so, and to prevent injury to the teeth it should be taken through a straw or glass tube, or the mouth should be rinsed with a solution of soda. In mild cases, or at the commencement of the attack, this is generally the only medicine that is prescribed. I usually continue the acid through the whole course of the

disease, though at the beginning of convalescence the interval between doses is increased; but I am chiefly guided by the appearance of the tongue as to the proper method of giving it. If the tongue cleans and remains moist, and the digestion is good, with no diarrhœa or abdominal tenderness, it is no longer indicated; but if the tongue becomes dry or furred, it is immediately resorted to again.

I have used the acid plan of treatment for about twelve years. During the first few years I treated only part of my patients in this way; but for the past seven years I have used the acid exclusively, and in this time I have treated more than two hundred cases of fever, of all grades of severity, from the mildest to the worst form, without losing a single patient by death in my own practice. I have never yet lost a case in which the plan of treatment indicated in this paper was commenced early in the disease and continued without intermission. The acid seldom disagrees with a patient. I have given it under all circumstances, and to patients from three years old to sixty-five, being the extreme ages in which I have met with unmistakable cases of the disease. If it disagrees with the stomach I diminish the dose, or add a little deodorized tincture or wine of opium to it. Occasionally I have found it necessary to intermit the use of it for a day or two, but this was only in cases of great nausea, or where it was not properly administered.

Results of Antiseptic Surgery.

The results of antiseptic surgery at the Leeds, England, General Infirmary are thus summarized by the surgeon, Mr. Atkinson, in a late paper:—

1. Since the adoption of the antiseptic method in the treatment of compound fractures, the mortality had been reduced from 19 per cent. to 10 per cent. (the latter including several desperate and complicated cases which were beyond the reach of any treatment; so that if these were excluded the contrast in favor of antiseptics would be far greater). 2. The results obtained in operative cases had not been so uniform; *e.g.*, amputations, both primary and secondary, but especially the latter, had as often done well without as with the antiseptic precautions. The same might be said of excision of mammary tumors. On the other hand, resection of joints, subcutaneous osteotomy, the ligature of large arteries, removal of simple tumors, and the opening of abscesses, acute or chronic, or the aspiration of joints under the spray, yielded better results than could have been expected without. 3. The diminution or entire absence of surgical fever after operations done antiseptically was very striking. But the temperature, as a rule, rose, for the first twenty-four or forty-eight hours after operation, whether the case were treated antiseptically or not. This rise would vary according to the temperament of the patient, and could not be ascribed solely to surgical fever. 4. Lacerated and contused flesh wounds, when dressed antiseptically from the first, almost invariably healed without putrefactive pus, and with slight, if any, rise of temperature. 5. The use of drainage-tubes was a very essential element in the success of antiseptic surgery, allowing a free exit to the serous discharges, which, if arrested, caused an immediate rise in temperature; so that the thermometer was a certain gauge of the need for disturbing the dressings. 6. The experience of antiseptics in ovariotomy had not hitherto confirmed that of Dr. Keith; while a large number of cases of colotomy and strangulated hernia, very few of the latter of which, and *none* of the former, were done antiseptically, had shown a high average of recoveries.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The literature of yellow fever is rapidly increasing in this country, and we cannot but believe that such careful studies will ultimately give us the mastery of the disease. Among the most recent issues is a series of "Reports to the St. Louis Medical Society, on Yellow Fever" (St. Louis, Geo. O. Rumbold & Co., pp. 320). These embrace the report of the committee appointed to inquire into the relations of the epidemic of 1878 to the city of St. Louis; a report of the meteorological conditions and etiology of yellow fever; the relations of malarial fevers and fevers generally to yellow fever; the theory and practice of the administration of veratrum viride in yellow fever; some remarks on cholera sporadica and sunstroke in St. Louis in 1878, etc. The work was prepared by Dr. W. Hutson Ford and the Committee of Publication. It has a number of maps, diagrams and charts.

Prof. Joseph Jones, of New Orleans, in a series of lectures on the disease, and in an elaborate paper in the *Transactions* of the Louisiana State Medical Society, discusses the treatment of yellow fever, and also its pathology as compared with malarial fevers. On the mixed question of introduction or spontaneous origin, Dr. Jones writes—

"No such marked differences exist between the climate of New Orleans and that of Havana and Vera Cruz, as would warrant the assertion that yellow fever is always endemic in the latter two cities, and that at the same time it cannot originate *de novo* in the former. While it is the wish of every true patriot to claim all excellencies of position and health for the land of his choice and love, at the same time, the future advancement of sanitary science and the highest interest of humanity demand that all causes of disease, whether existing in the soil or climate, should be honestly stated and fully weighed.

"Those who hold to the view that yellow fever never originates in New Orleans, but is *always imported*, must at least be forced, by the

past history of the great epidemics of this city, to admit that its climate and situation are such as to admit of the easy lodgment and rapid propagation of the seeds of this disease."

He believes that an enlightened system of quarantine, combined with the most careful sanitary and hygienic precautions, should be observed.

Another experienced observer, Dr. R. B. S Hargis, of Pensacola, has been contributing a number of articles to the Pensacola *Advance*, on the fever, and further proposes to publish at an early day a treatise on the disease, proving its origin to be in the holds of vessels sailing in tropical seas, which he believes will simplify the practical problem of how to stamp out the monster for all time. This treatise will embrace a description of the climate and diseases of all the district of country bordering the entire extent of the northern shores of Pensacola Bay, and extending one-quarter of a degree north. It also includes interesting historic sketches connected with the subject of the work. He says, in one of his already published articles—

"The facts of the early history of yellow fever indicate very conspicuously the maritime origin of that destructive malady, and show also, very clearly, its portability and mode of propagation from place to place, and forcibly suggest the necessity for the institution of different and more efficient measures than such as have been hitherto in operation, to prevent its intrusion into places where it does not hybernate, and, if possible, to cause its extinction everywhere."

The appearance of yellow fever in Chattanooga last year was a puzzle. Articles on it have appeared in the *Transactions* of the Tennessee State Medical Society, by Drs. E. M. Wight, G. A. Baxter and W. T. Hope. The latter concludes that—

"1st. Some other manner of introduction should be shown than that of personal introduction, *i.e.*, of a person divested of clothing, we might say, and simply sick of yellow fever.

"2d. That other ways of dissemination must account for the spread of yellow fever than that of personal intermingling."

The problem still remains unsolved, along with so many others about this terrible complaint.

——To confirm and establish harmony in the Profession is certainly a very desirable consummation, and to this end Dr. H. Genet Taylor, in a reprint before us, urges, beyond all else, to get at the exact truth of a story before falling into wrath about it. He says:—

"No medical man should make a charge against a brother of the profession, whether of medical error or of ethical unfairness, without having first had a personal interview, or by letter ascertained the actual facts of the injury or wrong, and the reasons he may present for his position.

"I am thoroughly convinced that by far the largest number of discords and wranglings, among gentlemen of our profession, arise from the failure to know the real facts, or to understand the reasons for the course that had been taken, and that a personal inquiry, direct from the parties interested, would, in many cases, show no cause of offence, or by an explanation of the facts, easily remove what might have been a slight matter, but would have become great, by the magnified power of repetition at second hand."

The philosophizing Obermann says, in one of his letters, that but two things are required to make men happy; first, that they should, in all instances, tell the exact truth, to their utmost ability; and secondly, that they should learn to predict the weather. Both he and Dr. Taylor are very largely correct.

——The Report of the House of Shelter, Albany, New York, for 1877 and 1878, is the record of a noble charity, devoted to rescuing women who are leading profligate lives, or who have become addicted to the use of opium or intoxicating drinks. Such an institution will have the sympathy and support of all who love their kind. But we cannot avoid expressing our regret that the Report is marred by such trashy writing as the following: "Satan has many ways of destroying the noblest powers of mind, and hindering those who might be eminently useful in the world. *Opium* has been one of his treacherous and covert devices of enslaving thousands. So adroitly has he carried on this scheme of human destruction, that his wretched victims really believe that this poison is a medical remedy necessary to relieve some bodily ailment," etc. Sound science and the cause of truth are not to be advanced by this sort of an explanation of the widespread love for intoxicants.

——In a reprint from the St. Louis *Courier of Medicine*, Dr. E. C. Gehrung explains an ingenious, and, in his hands, successful method of treating acute cystitis, by elevating and supporting the bladder by means of elastic tampons in the vagina. The same writer, in the August number of the journal mentioned, discusses at considerable length the forms of pessaries, giving preference to some of the later modifications of the Hodge pessary.

——Dr. Charles H. Thomas, of this city, urges, in a reprint, a general system of measurement for urethral, uterine, rectal and other instruments. He justly observes that a general scale, suited to this wide range of applications, and which shall combine the essential requisites of simplicity,

definiteness, and convenience of use, together with universal scientific intelligibility, is undoubtedly practicable. For this purpose it is only required that the use of all conventional numbers or sizes, as such, be abandoned, and that there be adopted in their stead actual circumferential or perimetric dimensions, expressed in terms of the metric unit; that is, in millimeters. The *adaptable metric gauge* which he used can be obtained through Messrs. J. H. Gemrig & Sons, of this city.

BOOK NOTICES.

On Asthma, its Pathology and Treatment. By J. B. Berkart, M.D. London, J. & A. Churchhill, 1878. pp. 264.

The paroxysms of asthma have been usually attributed to disordered nervous action, disturbance of the system, or the like. More and more, however, we are learning that all so-called "functional" disorders are etiologically associated with organic changes, and in this treatise Dr. Berkart undertakes to prove this in reference to the asthmatic seizure. By studying closely the condition of the patients between the attacks he has convinced himself that the disease commences with a more or less insidious inflammation of the pulmonary tissue, which passes on to bronchiectasis and emphysema.

He begins his treatise with a history of asthma and a discussion of the prevalent theory regarding it; he then passes to its pathogeny, etiology and clinical history, its diagnosis and prognosis; and concludes by stating the general principles upon which its treatment may be advantageously conducted.

The volume is the result of a number of years of special study, and the author shows wide reading as well as careful observation. It must be named as one of the most valuable monographs on the disease which has appeared of recent years.

Materia Medica and Therapeutics. Vegetable Kingdom. By Charles D. F. Phillips, M.D., F.R.C.S.E. Edited by Henry G. Piffard, A.M., M.D. New York, Wm. Wood & Co., pp. 322.

In this treatise on materia medica the author classifies the plants used in pharmacy under their botanical classes, making no attempt at a physiological division. In this we think he is wise. In the first place, the physiological effect of drugs is a poor guide to their therapeutic powers; and a classification with regard to the latter must ever be incomplete, as so much depends on the size of the dose and other factors. His plan is to take up each plant, mention its active ingredients, and then, in separate paragraphs, its physiological action, therapeutic action, preparations and dose. Not much attention is given to the pharmaceutical or chemical relations of the drugs; and as the author inclines to what he calls "monopharmacy," he has little to say about synergistic, adjuvant and corrigent articles, in which, although he may, as he says, follow the prevailing fashion, he is probably on the wrong side. While generally abreast of his science, here and there the author seems behind it; for example, under salicine he says nothing of its employment in rheumatism or diarrhœa; and we have looked in vain, in the index, for any reference to *Œnothera biennis*, *Eucalyptus*, *Apiol*, *Asarum*, *Carica papaya*, *Dracontium*, *Erigeron Canadensis*, *Grindelia*, *Leptandrin*, and a number of other recent and important vegetable drugs.

The Heart and its Diseases, including the Gouty Heart. By J. Milner Fothergill, M.D., etc. Second edition, with illustrations. Philadelphia, Lindsay & Blakiston, pp. 476.

Seven years have elapsed since the first edition of this work appeared; so, as was required, the present one is announced as "entirely rewritten." Dr. Fothergill is a remarkably fluent and agreeable writer, and as he is also a devoted student, his works have all attained considerable popularity. Without embodying much original research, they are excellent compendiums of the present state of knowledge on a subject. Such is the one before us. He commences with a hardly necessary discussion of the anatomy and physiology of the heart, and a recapitulation of the physical signs and objective symptoms of cardiac disease. The sphygmograph is explained in a section by Dr. Foster. Then follow the various organic diseases, hypertrophy and dilatation, endocarditis, valvulitis, muscular degenerations of sundry kinds, rupture, angina, etc. Pericarditis and the neurosal affections have each a chapter. Sixty-odd pages are devoted to the gouty heart. Aneurisms and malformations are then discussed, and the work closes with a chapter on the elements of prognosis in heart disease.

An interesting feature of the work is the prominence which the author gives to pointing out the connection of various heart diseases with others of the general system, sometimes as cause, sometimes as effect. Too frequently monographs omit these most important relations.

The work is neatly illustrated and well printed.

THE

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D. G. BRINTON, M.D., EDITOR.

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SOME RECENT INSTRUMENTS OF PRECISION.

The increase in the number of the instruments of precision insures greater accuracy in the diagnosis of disease and in our appreciation of the physiological functions. It is gratifying, therefore, to note the attention which has recently been devoted to their perfecting, and we shall briefly describe the more important of the novelties in this department.

The Audiometer. This instrument was invented by Prof. Hughes. It is a combination of the telephone, a new form of microphonic key, and a Leclanché battery. By its means the power of hearing sounds can be accurately gauged and recorded on a suitable arbitrary scale. The one in use is divided into 200°, the zero being the point of positive silence from the sound produced by the instrument through the telephone, and the maximum being audible to every one not actually deaf. The first point observed with this new instrument is that the power of hearing sound is very sharply defined. The sound is abruptly lost within a range of one hundredth part of the entire scale, both when the person can hear audibly and when he is more or less deaf. If the sound is suddenly moved from 15 to 5 on the scale, the weaker sound is inaudible, though if the scale had been gradually moved the sound at 5° would have been easily heard. Filling the chest and holding the breath increases the capacity for hearing for a few seconds. Holding the breath with the chest not full does not produce the same result. Most persons hear better with the right ear than with the left, but physicians who have accustomed themselves to use the stethoscope with the left ear hear better with it than the right; and four persons who habitually listened to public discourses from the left side also heard better with the left ear.

The Sphygmophone. This was suggested by the above and invented by Dr. B. W. Richardson. In this apparatus the needle of a Pond's sphygmograph is made to traverse a metal or carbon plate, which is connected with the zinc pole of a Leclanché cell. To the metal stem of the sphygmograph is then attached one terminal of the telephone, the other terminal of the telephone being connected with the opposite pole of the battery. When the whole is ready the sphygmograph is brought into use, as if a tracing were about to be taken, and when the pulsation of the needle from the pulse strokes is secured, the needle, which previously was held back, is thrown over, so as to make its point just touch the metal or carbon plate, and to traverse the plate to and fro with each pulsation. In so moving, three sounds, one long and two short, are given out from the telephone, which sounds correspond with the first, second and third events of sphygmographic reading. In fact, the pulse talks telephonically, and so loudly that when two cells are used the sounds can be heard by an audience of several hundred people. By extending the telephone wires the sounds also can be conveyed long distances, so that a physician in his consulting room might listen to the heart or the pulse of a patient lying in bed (speaking modestly as to distance) a mile or two away.

The Phonoscope. This is a device of Dr. Stein.

and is described and figured in the *Vierteljahrschrift der Artzlichen Polytechnik* for April. It is a small microphone, which is inserted in the clasp of a sound, and which, by connection with a telephone, renders audible all impressions which are required for diagnostic purposes. Thus it can be placed in a stethoscope, and thus define with great precision the cardiac and pulmonary sounds.

The Algesimeter. Such is the name applied by Dr. Björnström, of Upsala, to an apparatus he has devised for noting the sensation of pain or the sensibility of the nerve-fibers. It defines the point at which pressure is felt, not merely as such, but as painful, and measures this pressure in numbers. The pressure is exercised by pinching the skin, and hence the instrument may be used on all parts of the surface. It is composed of two slips of steel, one non-elastic, bearing at its end a dial plate and needle: the other, attached to the first slip, elastic, and approaching the first the closer as they are compressed at the free extremity, indicating this approach by the movement of the needle. When a portion of skin is caught and pressed between the two ends, the point where the compression becomes painful is noted on the indicator, and thus a means of compression is afforded in cases of sensory paralysis, etc., more exact than by any means that has hitherto been suggested.

Notes and Comments.

Therapeutical Notes.

PYROGALLIC ACID IN EPITHELIOMA.

Prof. Kaposi, of Vienna, has used strong pyrogallic acid as a caustic, and claims that its action is quite painless. In cases of epithelioma of the face, it was found to remove the diseased portions of tissue as thoroughly as arsenical paste, and did not affect the sound parts.

CHLORATE OF POTASSA IN CYSTITIS.

The value of this drug in chronic cystitis has been again emphasized by Dr. Zuccarelli, of Paris, in a recent thesis. It is by no means infallible, but it will always clear the turbid urine, soothe the pains, and stimulate the muscular contractions of the bladder. Even in cases where it does not induce a rapid and complete recovery, it will prove useful in affording the physician an opportunity of introducing a little variety into his treatment of cystitis. In some very serious cases, where the usual remedies had failed to afford relief, chlorate of potassa has been known to give good results. It is administered in two different ways, viz., by the mouth in very high doses: patients easily take 30 grams of it or more, only the precaution must be observed of giving the salt at meal times. The other method consists in injecting it directly into the bladder, beginning with a weak solution of 1.100, and gradually increasing the dose.

NIGHT SWEATS IN PHTHISIS.

Dr. Q. C. Smith recommends, as very efficient—

℞. Zinci oxidi, gr.j
Acidi pyrogallici, gr.ij
Sulph. atropiæ, gr.$\frac{1}{100}$. M.

Sig.—For one pill. Dose i–ij, thrice daily.

EUCALYPTUS IN CHRONIC RHEUMATISM.

In this troublesome disease, Dr. H. Gibbons, Sr., of San Francisco, says that much benefit has been derived, in some instances, by wrapping up the knee, or ankle, or foot, with eucalyptus leaves, renewing them daily for a week or more. These leaves are an active stimulant to the surface, and will produce vesication if their use be long continued.

GELSEMIUM IN GONORRHŒA.

In the *Western Lancet*, Dr. J. Sullivan extols gelsemium as an unfailing remedy in the early stage of acute gonorrhœa. The fluid extract should be given four times a day, after meals and at bedtime, beginning with six or eight drops and increasing two drops every dose up to twenty drops, or until the patient experiences the peculiar intoxication, when it should be continued in smaller doses, as much as can be easily tolerated, for a few days, or till the discharge becomes lighter and disappears. An eighth of a grain of morphia is sometimes advantageously added to each dose. Saline purgatives, rest and abstinence, are essential parts of the treatment. After the acute stage has passed, copaiba and the oil of sandal wood will soon complete the cure.

Nausea in Pregnancy in the Lower Animals.

Dr. G. Law, of Colorado, sends us the following curious observation:—

"My brother, engaged in wool growing in our State, has a choice shepherd bitch, from which he breeds dogs for herding purposes. This animal, during all of her now three pregnancies, has for a considerable portion of each period manifested all the symptoms of pregnant sickness, nausea and vomiting after eating."

Poisoning by Mushrooms and Toadstools.

The narcotic and acid poison in these fungi is an alkaloid, called musarin or amanitin. It is very virulent. On Sept. 1st, at Elizabeth, N. J., a family of four children and their two parents ate some poisonous mushrooms; the parents were ill, but recovered; the children died. Mr. Palmer, of Boston, has an article on the subject in the Boston *Medical and Surgical Journal*, Aug. 28th. We have several times called attention to the assertion of Prof. Schiff, that the alkaloids of stramonium and belladonna, especially daturine, are efficient antidotes, and in Italy are kept chiefly for this purpose by apothecaries. Mr. Palmer desires the experiences of physicians on this form of poisoning. Muscarin diminishes blood pressure, partly by action on the heart, and also by dilating the blood vessels—also causes strong contraction of the intestines and bladder. It has been given therapeutically in doses of $\frac{1}{20}$ to $\frac{1}{10}$ of a grain; about half an hour after giving a dose we have profuse perspiration, contraction of the pupils, purgation, slight nausea and a desire to urinate.

Courage Comes by Degrees.

It is gratifying to announce that at least one medical journal, to wit, the *Medical Record*, has finally summoned up sufficient courage to intimate that if "some efficient system" of regulating prostitution is found, it would be well to adopt it. This is quite as much as can be asked at present. We presume that that estimable journal will agree to the truism that if no system is ever inaugurated, the "efficient" one will hardly be discovered. The *Record* at present seems to occupy the position of the old lady who forbade her boy going into the water until he had learned to swim! In attributing to us the wish to introduce the British Contagious Diseases Acts in their purest form, it is, however, in error; but we are strongly of the opinion that they would serve as an excellent model on which to begin legislation in limited districts.

Instantaneous Urticaria.

A curious case of what might receive this name is reported from Paris, in the clinic of M. Dujardin-Beaumetz. It was of a woman in whom the slightest contact gives rise to an urticarious eruption. Upon tracing his name upon her thigh the letters immediately appear in red relief, and this is accompanied by a local rise of from 1 to 2° in the temperature. There is complete anæsthesia of the whole body. Those who have studied the occult sciences know that this last symptom used to be a mark of demoniacal possession, and it will be remembered that the mother superior of the bewitched convent of London could produce on her arms the raised names of the devils who infested her body. A few years ago the spiritualists of Toronto used to communicate with their departed friends by the same means, through the arm of a servant girl of that city, and the medium, Foster, well known in Philadelphia and New York, can surprise his audiences with the same phenomenon, as we have been informed by eye witnesses.

The Radical Cure of Hernia.

The two latest surgical authors of this city, Drs. Agnew and Ashhurst, both speak unfavorably of the radical treatment of hernia. But apparently neither ever tried or witnessed the method advocated by Heaton in this country and Schwalbe in Germany. This is by injecting the substance of the rings so as to bring about adhesive inflammation. For this purpose Heaton uses extract of oak bark (see Napheys' *Surgical Therapeutics*, sixth ed.), while Schwalbe commends ethylic alcohol. In No. 61, 1879, of the *Allgm. Med. Zeitung*, he gives a further and full account, both of his own experience and that of other surgeons who have tried the plan. The results are very favorable. We have previously described his method in the Reporter, but desire again to call attention to it.

A Sanitary Genius Wanted.

There is as wide a field in sanitary science for the efforts of genius as in any other direction. This is well illustrated by some remarks in a late number of the *Scientific American*. A writer says—

"Captain Eads has shown how the Mississippi can be entirely freed from the physical barriers which have hitherto impeded the commercial development of that noble water-way. But, however perfect the channel, commerce will not adopt a route liable to annual interruption by pestilence. Trade cannot brook diversion or delay. No more will it subject itself to liability to interruption. Of greater importance even than thirty feet of water is freedom from sanitary risks. Sand bars are but negatively harmful; pestilence is positive. The Mississippi must be made as healthy as the Hudson before its commercial possibilities will begin to be developed. Sanitary science must complete the work which engineering has begun. The great need of the Mississippi valley, commercially as well as socially, is a sanitary Eads. May he come speedily."

It is cheering to see the growing appreciation

of sanitary science which such remarks indicate. It cannot be too pointedly enforced on the public and on public men, that good health is at the foundation of all personal and national prosperity.

Prognosis in Smallpox.

In describing a case of smallpox, in the *Canadian Journal of Medical Science*, Dr. A. A. Riddell remarks—

Permit me to observe that where passive congestion sets in previous to the appearance of the eruption, in perfectly confluent cases, I have found that they invariably terminate fatally. I do not know whether this has been the experience of others who have had much to do with the disease. From what I have seen, I feel disposed to put them down as truly malignant, and I think I would not be altogether unwarranted in so doing. A fatal issue has generally supervened when this form of congestion has followed the appearance of the eruption in badly confluent cases. The blood, highly charged with the virus, seems to course very slowly through the vessels, and gradually to fill up the capillaries of the lungs. Position has little, if anything, to do with the production of this condition.

A New Anthelmintic.

In the *Cron. Med. Chirurg. de la Havana*, Dr. Lemos speaks of a plant known in Buenos Ayres as Albahaca, botanically the *Ocinum basilicum*, as a most efficient anthelmintic, superior to santonin, kousso or kameela. It has no poisonous effects whatever, excessive doses merely purging slightly. The ordinary dose is fifty grams of the juice, followed after two hours by a laxative.

Such is the story, as quoted with emphasis in the *Allg. Med. Zeitung*, of Berlin, July 26th. Now, if the *Ocimum basilicum* is meant, as no doubt it is, this is the ordinary "common basil," or "sweet basil," familiar as an aromatic, stimulant and nervine, but not as an anthelmintic. We await further developments, but suspect Dr. Lemos is the author or victim of a "sell."

Rules for the Examination of Seamen.

The disabilities which disqualify a seaman from going on active duty are stated by the U. S. Marine Hospital Service to be the loss of an arm or leg, defective vision, color blindness, epilepsy, mental unsoundness, hernia, piles, fistulæ, varicose veins, serious organic disease, habitual drunkenness, the existence of venereal disease, marked want of development, weakness of the body, or deformity. Any of these should cause the rejection of a seaman desiring to ship.

Tape Worms in Eggs.

Various instances have been recorded of the discovery in hen's eggs of minute specimens of the *distoma ovatum*. They appear like a small speck, the size of a millet seed or a pin's head. It is believed by helminthologists that these will develop into one of the varieties of tape worm, and it is wise, therefore, to take eggs hard boiled or otherwise well cooked. A writer in one of the late numbers of *Nature* cites several instances where these parasitic bodies have been found.

Correspondence.

Sewer Gas and Typhoid Fever.

Ed. Med. and Surg. Reporter:—

The Medical and Surgical Reporter has so wide a circulation throughout the country that I would not like anything to appear upon its pages that might create an erroneous impression in regard to my views, as set forth in my recent lecture upon the subject of "Sewer Gas, in Relation to Typhoid Fever," and read before the College of Physicians. The inquietude, anxiety, and alarm in the public mind, caused by the declaration that sewer gas was the most common and potent cause of typhoid fever in Philadelphia, was the principal motive for writing the lecture, and the main proposition of the paper is, that this declaration is in direct antagonism with the experience of those who have had most to do with typhoid fever, and is not supported by the returns from the Board of Health. Whether or not this proposition has been successfully sustained by the writer must be decided by those of the profession whose experience and mental capacity best qualify them for this purpose. The lecture contains nothing essentially new, and is merely a concise statement of what has long ago been recorded in the works of some of the most prominent members of the profession, and is fully in accord with my actual experience. The question of the possibility of sewer gas being, at any time, a cause, direct or indirect, of a certain proportion of typhoid fever, is not touched upon in the lecture, and a discussion of this point would, in its very nature, have been wide, discursive, and in the present status of professional opinion, inconsequent. As to the experiments of the redoubtable Dr. Rudolf Emmerich upon his still more redoubtable stomach, and those of his companions, it can only be said that they simply show that individuals are to be found whose digestive organs and imagination are proof against every assault. The writer trusts that "New Revelations in Sanitary Science" may be applied, in this instance, exclusively to the experiments of Dr. Emmerich.

Geo. Hamilton, M.D.

Philada., Sept. 8th, 1879.

Belladonna in the Treatment of Strangulated Femoral Hernia.

Ed. Med. and Surg. Reporter:—

On the 15th of June, 1879, I was called to see Ike Thompson, aged twenty-seven, suffering intensely from a recent strangulated femoral hernia. It had developed a few hours previously, when lifting a heavy log of wood. All efforts at reduction by taxis, with aid of position and chloroform, failed; and the tumor had become so exquisitely painful that I concluded to operate as soon as possible. It being night, I secured the assistance of Dr. Visart for the next morning. In the meanwhile I directed him to take one grain of the alcoholic extract of belladonna every hour until ten doses were taken. I also fixed the patient immovably on a hard mattress, elevated his shoulders and pelvis, rotated his limbs inward, flexed them on the body, and applied a strip of Seabury & Johnson's Belladonna plaster, in rubber combination, firmly over the tumor, and for six inches above and below, drawing the integument strongly in the direction of the hernia. About midway between midnight and daylight "the thing slipped back," as the man described it, suddenly and very perceptibly, greatly to the relief of the patient, and, I confess, somewhat to my surprise. I attribute the result more to the local influence of the belladonna plaster than to anything else done. The plaster used was made by Seabury & Johnson, of New York, and in addition to its remarkable adhesive property, it contains more belladonna than any other I ever saw, as evinced by the powerful odor. Indeed, although I have been extensively engaged in the practice of surgery for twelve years, I do not see how I have managed to get along without the various plasters manufactured by Seabury & Johnson. Their isinglass and adhesive plasters, in rubber combination, are incomparably superior to all others I have ever used, in elegance, utility and durability. In fact, they are simply perfection, and every surgeon owes them a debt of gratitude, which I, for one, hereby acknowledge, as I see they are advertised in this journal, to which fact I am indebted for a knowledge of their existence.

DeWitt, Ark. J. B. Garrison, M.D.

The Decimal and Metric System.

Ed. Med. and Surg. Reporter:—

I was much pleased with Dr. C. H. Merrick's article on the metrical, or better, the decimal system, in a late number of the Reporter. I, too, have adopted it, and find it so handy and simple, and withal, as much or more in its favor over the old system of grains, drachms, etc., as the United States notation of money is superior to the English system. I did not know, nor even did I think, there could be such an advantage in using the decimal system, until I read Dr. Princes' article in the *American Practitioner*. He there made it so plain to me that I resolved to adopt it, and thereby take another step toward progress and to be up to the times. He there says: "Any physician who writes prescriptions and wishes to adopt the metric system, has only to furnish his apothecary with a table of approximate equivalents. The simplicity of the scheme makes it easy to begin the use of the system without having the metric weights and measures. The dispensing chemist, with a table before him, can readily translate from the metric denomination into the apothecary's weights and measures." I then took the time and wrote out for my apothecary a table of approximate equivalents. The first thing was to make him understand that one gram was equal to fifteen grains, or one quarter of a drachm, and that .06 was equal to one grain. This done, the difficulty was about over, and I began at once to write my prescriptions in the decimal system, and, of course, compelled him to learn the new system. For, as Dr. Prince well says, "No apothecary will send a prescription to a competitor if he can translate it." As Horace Greeley said of resumption, "the way to resume is to resume," and, of course, the way to learn and to use the decimal system is to begin at once and use it. "For the habitual routinist," says Dr. Prince, "one mode is as good as another, once having been committed to memory; but for one who thinks of the powers and relations of his remedies, the advantages of the new system only need to be studied to be appreciated."

The relations, as to proportion, cannot readily be perceived, in the old system, without first reducing each separate quantity to grains; but in the new system there is no changing to do, for the relations show themselves on the face of the prescription. As an example, I take a few from the file:—

			Grams.
℞.	Sacchar. alb.,		
	Gum acaciæ,	āā	16.
	Ol. terebinth,		12.
	Tr. opii,		4.
	Aquæ camph, q.s. ad. cc.		128. M.

Sig.—Teaspoonful every four hours.

The eye readily catches the proportion; for, dividing by 4, there is no remainder. In the old, it would stand as follows:—

℞.	Sacchar. alb.,		
	Gum acaciæ,	āā	℥ ss
	Ol. terebinth,		f. ℥ iij
	Tr. opii,		f. ℥ j
	Aquæ camph, q.s. ad,		f. ℥ iv.

A conglomeration of expressants.

Again—

		Grams.	Old.	
℞.	Strych. sulph.,	.06	gr. j	
	Tr. digital.,	12.	f. ℥ iij	
	Tr. gentianæ,	16.	f. ℥ ss	
	Sp. eth. nit.,	32.	f. ℥ ij	
	Aquæ destil., q.s.,	128.	f. ℥ iv.	M.

Sig.—Teaspoonful three times daily.

Still more mixed up and hard to be grasped is this one in the old.

As I have said a great deal more, probably, than is said well, I will close the subject, to be agitated by more powerful minds, after asking a question, viz.: As the Convention for the revision of the United States Pharmacopœia is in session this summer, why would it not be the thing for the committee on that part of the work

to change the Pharmacopœia so as to read in the decimal system altogether. As that would be our authority, it would compel all druggists to learn the new system, and to provide themselves with weights, and thus put a stop to the whole discussion.

J. J. Connor, M.D.

Palmer, Ill., Aug. 29. 1879.

A Diagnostic Suggestion.

Ed. Med. and Surg. Reporter:—

In your issue of June 21st is an article, entitled "A Startling Case." The author (who withholds his name) gives us the details of the opening of a psoas abscess, and asks for the opinions of others as to the propriety of the procedure in this case. The danger in opening large cold abscesses, contemplated by Gross and others, is the exposure of the large suppurating surface to atmospheric air, after the pus has been evacuated. It is indeed a unique experience to observe the air rushing into an abscess before the exit of the pus. It presupposes the existence of a vacuum, which is altogether out of the question in psoas or any other variety of abscess. Probably if the doctors had used, instead of the "blister," a little judicious taxis, the "abscess" would have disappeared, and with it all the pain, heat and swelling. Afterward a properly adjusted *truss* would have been useful as a "prophylactic." The "frater medicus" was fortunate that his bistonry made so small an opening. The gut was just punctured, and the gush of air was *outward*, not inward, and "Deta" must have been suffering under a *cold in the head*, or he would have diagnosed the abscess by its odor. S. M. H.

Monmouth, Warren Co., Ill.

A Case of Congenital Hydrocephalus.

Ed. Med. and Surg. Reporter:—

On Sunday, August 20th, 1877, at nine o'clock P.M., I was called to see the following case, with Dr. C. A. Blount, of this place: The patient, Mrs. H. R., a stout, robust lady, was in her second confinement. When I arrived she had been in labor thirty-six hours. Dr. Blount, her family physician, had been called the day before to attend her. On his arrival he found, on examination, the os very dilatable and labor pains progressing at short intervals. As the patient's previous labor was not at all protracted, a lengthy labor was hardly anticipated. The first stage of labor continued for some hours, when the os was largely dilated and the distended membranes protruding into the vagina. The labor pains had all the time been hard and sufficiently frequent. Dr. Blount had, some time before my arrival, ruptured the membranes, which contained an excessive amount of liquor amnii. The labor pains still continued hard, but the uterus was unable to expel its contents. On further examination, we found the fœtal head, which we had previously diagnosed our presentation, but not without considerable difficulty, to be wholly unable to engage in the superior strait of the pelvis. We at this time diagnosed our case one of hydrocephalus, and as our patient's strength was becoming rapidly exhausted, and the fœtal heart was no longer audible, we concluded to administer chloroform and perform craniotomy. Dr. Blount perforated the fœtal head with Meigs' perforator, when our diagnosis was confirmed by the escape of four quarts, as near as we could approximate, of fluid, containing particles of the brain substance. The fœtal head now collapsed, when, with the craniotomy forceps, we easily delivered the body of a female child, weighing eight pounds, which possessed a large spina bifida in the lumbo-sacral region. The mother made a good and rapid recovery. In the case reported by Dr. Irwin, in the Reporter of August 9th, his presentation was a breech, and was not diagnosed as one of hydrocephalus until the body of the child was born. Decapitation was the only operation which could be performed with any degree of safety to the mother. All cases of hydrocephalus, however, are not breech presentations, and decapitation in such cases would be useless to think of.

Joseph N. Study, M.D.

Hagerstown, Ind., August 22*d*, 1879.

News and Miscellany.

The Yellow Fever.

The epidemic still continues its ravages, from twenty to thirty new cases being reported daily in Memphis, although the population of the city is so much reduced. On September 4th the Howard Association made an appeal to other cities for aid. The Memphis *Avalanche* frankly said that the city did not deserve assistance, because it had so neglected its sanitary condition. But the President of the Association reports a general willingness to assist.

Personal.

—M. Chevreul, now in his 93d year, began his usual course of lectures on organic chemistry at the Museum of Natural History, Paris, on June 10th.

—A gentleman writes from Edinburgh that the newly appointed Professor of Botany, Dr. Dickson, has a class of 450. The lecture room being quite inadequate to accommodate such a class, Professor Dickson is obliged to give two lectures a day.

—Dr. Oliver Wendell Holmes, in spite of his seventy years, is incessantly busy. He writes as much as ever, and is as interested in his duties at the Medical School. It is hinted that he intends to publish another volume.

—Dr. Luke P. Blackburn, of Louisville, was elected Governor of Kentucky, September 2d. He was charged during the canvass with being the physician of the same name and surname who, during the civil war, endeavored to infect Northern cities by shipping to them the clothes and bedding of yellow fever patients. This charge he neither denied nor confessed, declining to make any reference to it.

The Native Japanese Surgeons.

Dr. T. A. Palm, of the medical mission, Nugata, Japan, writes of the native practitioners there—

Some serious operations have been undertaken in the country, and the patients left in their charge. They have been instructed in the principles and practice of antiseptic surgery, but in some places have failed to carry it out. They are intelligent and fairly educated men, as a rule, that I have to coöperate with, and are anxious to improve in their profession. They have lately formed a society for the discussion of medical subjects and mutual improvement, and have requested me to preside over their meeting once a month, and give them a lecture on some medical subject. I have arranged to do so.

Items.

—At the annual meeting of the Adams County Medical Association, held in Gettysburg, Tuesday, September 2d, 1879, the following officers were elected to serve the coming year, 1879–1880: President, Dr. Isaac W. Pearson, of York Springs Borough. Vice Presidents, Dr. J. D. Weddelle, Bigler, P. O., Middletown, Adams Co., Pa.; Dr. J. M. Radebaugh, Gettysburg. Corresponding Secretary. J. W. C. O'Neal, M.D., Gettysburg, Pa. Recording Secretary. Dr. J. E. Gilbert. Gettysburg. Treasurer, Dr. E. W. Mumma, Bendersville.

—Not a single fatal case of trichinosis has ever been reported in England, although we export quantities of trichinous pork to that country. The reason probably is that the English like their rashers well cooked, while the Germans prefer theirs raw.

—A son of Thomas Sanford, of Farmersville, Collin county, Texas, died on August 19th, from hydrophobia. He was bitten by a pup, the mother of which had been bitten by a mad dog before the pup was born.

—The mortality in the famous new mining town, Leadville, Col., is very high. There are already more than two thousand graves in the cemetery. Pneumonia is the prevalent disease, and is said to be "sure death".

OBITUARY NOTICES.

—The Nestor of American medical journalists, Dr. J. V. C. Smith, died at Richmond, Mass., Aug. 20th, aged 79 years. In 1823 he started the *Medical Intelligencer*, the first medical weekly in this country. Up to 1856 he was editor of the Boston *Medical and Surgical Journal*, and later edited the *Medical World*. He was at one time Mayor of Boston, and, though never giving much attention to practice, was a remarkably well read physician. During the war he was Acting Inspector General at New Orleans. He also occupied at times the chair of anatomy in the Berkshire Medical College and the New York Medical College. As an author, in 1849 Dr. Smith published his work on the "Natural History of the Fishes of New England," and his exhaustive treatise on the "Anatomy and Physiology of the Eye." In this work, for a revised edition of which he had just arranged at the time of his death, Dr. Smith traces the development of vision in the animal kingdom, from the first crude optical organs of the invertebrates to the highly complex eye of the human family, marking each successive step of progress, and showing the relations of the simpler to the more complicated structure of vision.

—The Chicago *Tribune* records the death in that city, on August 29th, of Miss Sibelia F. Baker, M. D., a lady widely known there by reason of her recognized standing in the medical profession and her identification with numerous charitable and reformatory enterprises. The *Tribune* says that death in her case has cut short a career of usefulness and fame, and one which promised to demonstrate notably the possibilities of success to a self-made, self-reliant woman. In Vol. XXXVI of the MEDICAL AND SURGICAL REPORTER there appeared a well written article by her, on "Morbid Retention of the Dead Ovum."

QUERIES AND REPLIES.

Dr. J. C., of N. J., also challenges the statement of Dr. Simpson (page 169). Dr. "J. C." will observe that we did not guarantee this statement, because personally we know nothing about it; we do, however, consider it quite as likely as that Dr. Babcock, in over 400 cases, did not see a dozen of rigidity. Of course, the discussion can be made to turn on the meaning of words. Prof M. B. Wright, of Cincinnati, teaches that there is no such thing as rigid os!

Dr. W. M. D., of Texas.—Take it for certain that *all* opium antidotes are humbugs. They generally are simply disguised solutions of morphia.

Gumma.—Kerosene is no novelty in chronic rheumatism. Dr. Kemp (*British Medical Journal*, May 18th, 1872) states that several cases have lately come under his notice in which the internal administration of kerosene, a teaspoonful in water every other night, has had the most marked effect on this disease.

Dr. F. G., of Pa.—We do not care to publish many accounts of fasting girls, sleeping girls, snakes in the stomach, or popular cures of hydrophobia. There is no intellectual nourishment in any of these. Thanks to you, all the same.

Duval.—The original formula of Ricord's abortant injection in gonorrhœa is—

℞. Crystallized silver nitrate, 50 centigrams
Distilled water, 100 grams.

Most writers agree that its employment is risky and unadvisable.

Secretary.—We shall always be glad to receive and publish abstracts of the proceedings of all regular medical societies, when of general interest, and shall thank you and others to furnish them. Extra copies of the number containing the proceedings will be supplied *gratis* to all members.

DEATHS.

HARDY.—In Cornish Flat, August 8th, Dr. Samuel Hardy, aged 74 years.

PORTER.—In New York City, on the 14th ultimo, Horace T. Porter, M.D., in his 32d year.

WRIGHT.—In Cincinnati, Ohio, on Friday evening, August 15th, 1879, at his residence, 357 West Eighth street, M. B. Wright, M.D.

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Communications.

MUSHROOM OR TOADSTOOL POISONING.

BY JULIUS A. PALMER, JR.,
Of Boston, Mass.

[This article, kindly furnished us by the author, was originally published, in nearly the same form, in the *Moniteur Scientifique*, Paris, Jan., 1879. The subject is so important and the information on it in text books so vague, that it cannot fail to be welcome to many readers.—Ed. Reporter.]

The terms fungus, mushroom or toadstool poison are synonymously used by mycologists. The three words may be so understood in this article. Mushrooms may poison the human system in three ways, as follows:—

1. They may simply disagree with the organs of digestion, as in the case of the hard, tough varieties of fungi, or in the case of the common mushroom, which, in a partly decomposed state, often generates hydrogen gas in such quantity as to produce nausea and vomiting.

2. They may be slimy, acrid or nauseous. Many mild *Boleti* are too slimy for food. The *Russulæ* have very acrid varieties. *Polyporus Squamosus* and others are bitter, and taste of leaves and grass.

3. They may contain a subtle alkaloid, without taste, smell, or other indication of its presence, as in the group known as the *Amanitas*.

The symptoms of poisoning by indigestion are soon manifest, and need occasion no alarm. Relief comes in the natural channels; it may be hastened by emetics, by warm water, or by plunging the finger into the throat.

The effects of poisoning by some acrid or nauseous element are immediate, and present nothing to discourage physician or patient. Expulsion through the mouth or alvine canal, followed by emollients of sweet oil, slippery elm or gum arabic, will soon allay the irritation.

It is probable that most of the fatal cases of poisoning by toadstools are due to amanitine. Physicians have in all ages confessed their utter inability to find an antidote for this poison. An eminent chemist stated to me that he should regret to receive for test purposes the stomach of any one so poisoned, as he should not know where to turn for a reagent. This fungus being eaten has no burning or unusual taste. It passes harmlessly through the stomach, mixed with the other food. From eight to fifteen hours after ingestion, dizziness, nausea and purging begin, followed by fainting, delirium and death.

The foregoing classification is of great importance to medical men. Persons eating noxious mushrooms are, by that very fact, unable to identify the species that caused their sickness. Amateurs will often select six toadstools and class them as of one kind. Let the physician inquire carefully how much time has passed between the suspected meal and the attack. The shorter this elapsed time, the more hope for success by appropriate treatment. Poisoning by amanitine being the most common and most fatal, to this part of our subject shall the rest of this article be devoted. We shall cite three cases.

Two persons at Sautry, near Corbeil, France, made a meal from the *Amanita Bulbosa*, under which head the French include our *Amanita vernus*, *phalloides* and *mappa*, as but slight variations divide these three members of the group.

Beyond vertigo in one case, no ill effects were felt until three and eight, respectively, of the morning following. One patient even slept calmly after the vertigo passed away. Once attacked, however, the usual symptoms followed, and inside of three days both were dead. Space forbids an enumeration of their symptoms. Briefly, from attack to post-mortem appearances, these were little different from those of Cholera Asiaticum.

The physician understood the case, yet after the consecutive use of coffee, tea, antimony, ether, whites of eggs, anti-vomitives, laudanum, milk, leeches, ice and emollient fomentations, he says—

"None of the remedies were followed by the least sign of amelioration." He afterward excepts (as simple alleviatives) ice internally, and emollients applied externally to the abdomen.

A report of a more recent case, kindly furnished me by the consulting physician, is the second now before me. Any medical man would be struck by their perfect identity. Patients, attendants, and physicians seem to have assumed parallel parts in an equally sad drama. Four persons were poisoned in this case, of which number three died. The survivor's letter to me merits publication, and has been admired for its simplicity and clearness by many medical men. The fatal meal was eaten at four o'clock in the afternoon of Monday, October 2d, 1876. About midnight all were attacked who had partaken of it. The first death took place on Thursday following, at ten A.M. The second of the three on the next day, or Friday morning. The one who recovered experienced nothing but a severe diarrhœa. Her exemption and the latest of the three deaths will be the subject of future paragraphs.

The third and still more recent case is identical with the others. Details are, however, not at my command. Two of the patients were children, and died in thirty-six hours. One, the father, was subject to severe delirium, jumping from a second-story window. The attack came on about eight hours after ingestion. All these cases are alike in that up to the actual attack no person felt the worse for the fatal meal.

Mushrooms make the same use of the atmosphere as men; even their exhalations are, accordingly, air vitiated with their properties.

About four years ago a number of poisonous mushrooms (not amanitas, but of a totally different family) were sent me with edible fungus. The two varieties had lain twelve hours in the same box. The noxious ones were rejected, the esculent washed and eaten. In a moment my appetite was gone. Violent perspiration, vertigo and trembling were the next symptoms; then chills, nausea, purging and tenesmus, all within thirty minutes. Now, the substance could not have reached the bowels. The virus, absorbed from the noxious fungus, permeated the whole system through eating the harmless ones; unmixed with other food, it acted upon the muscles, through an empty stomach. Once spent, the attack passed off, and the substance, from which the system had absorbed all the venom, was digested without exciting undue motion when it reached the bowels. Probably this result was also due to the use of olive oil as a remedy.

Again, absorption may take place through the pores of the skin. An amanita held in the closed hand will produce all the symptoms of poisoning, even to convulsions. Once, while perspiring from a long walk, I undertook to bring in a large bunch of these mushrooms for an artist. Seated by them in a close car, holding them in my warm hand, although protected by a paper wrapper, a fearful nausea came over me. The toadstool was not at first suspected, yet I had all the symptoms of a sea-sick person, and was only relieved by a wide distance between myself and the exciting cause.

While writing this article, a friend sent me two very elegant specimens of the amanita tribe. They were in a confined box. On opening it, I smelt of them a few times and allowed the box to lie near my desk while I wrote to a medical gentleman anxious to procure such for chemical experiment. Having sent them away the matter was dismissed from my mind until three hours after, when an attack of vomiting and oppression at the stomach enforced it upon my attention. The whites of my eyes became livid, and even to noon the day following the leaden color of my face was noticed by more than one person.

One more example and we will draw the corollary, and speak of remedial measures.

This time I chewed a piece of an amanita the size of a half dime, ejecting the substance but swallowing a little of the saliva. Constriction of the muscles of the throat was the first symptom. One attack of vertigo followed, but it was momentary. Disgust with customary employment, like that felt in sea sickness was the most constant sign of the presence of the poison. Seventeen hours after swallowing it, I, for the first time, could have vomited, and felt a slight straining and tenesmus, after which the effects passed quickly away.

From these personal experiments the following conclusions may be drawn: The poisonous principle of fungus being absorbed by a harmless element, if the latter be eaten, the venom acts more quickly and surely. Additional proof of this assertion exists in the fact that if the amanita be cut in sections and laid in vinegar, the fungus may then be eaten without danger to life, but on a very small dose of the vinegar, death will follow more speedily than if the whole toadstool be eaten. One stage in the process of absorption has been completed. This last conclusion admits of one exception. In the second case of poisoning cited herein, a single member of the family escaped death. She put vinegar on the toadstool in her plate before mastication. The alkaloid was neutralized thereby, or at least fused with acid strong enough to occasion no harm excepting unusual action of the bowels.

But, after ingestion, any administration of remedies calculated to precipitate the alkaloid, or to amalgamate it with the gastric juices, only helps absorption and lessens the patient's chance of expelling it before his digestion has extracted all its venom. A dog poisoned with amanitine received vinegar as an antidote; his symptoms were all fearfully aggravated and great distress ensued. The presence of the assimilating agent simply aided the system in absorbing the virus. Sweet oil was given, when he vomited the fungus mixed with whitish mucus, and, on a milk diet, recovered.

Again, the inflammation, cramps, colic and straining at stool, do not cause the death of the patient, but are simply secondary effects of the poison absorbed. A few drops of amanitine injected up the back of a frog will produce death in one hour, without leaving on the body the slightest indication of inflammation. My most violent personal experience with this poison was when I was inoculated through the mucous membrane by the sense of smell alone. The oppression in the stomach and abdomen was very severe, yet not a piece of poisonous fungus lay in the intestines.

The poison by chewing a small piece shows how little may endanger human life, and further, that the operation through the digestive functions is so slow that any members of the amanita family should be tested with great care as esculents.

In speaking of the remedial measures it will be well to bear in mind that these remarks apply to the amanitas alone, the presence of which can be inferred by the physician, wherever the attack commences at eight hours or over after eating the mushrooms. Whatever the remedies used, they must be introduced into the system as *directly* as the physician's judgment may deem possible. The writer of this article is not a medical man, and he does not propose to dictate to those who have given drugs and their effects, the human frame and its wonderful network, their attention for many years.

Yet subcutaneous injections and enemata possess the most important qualifications for reaching poison by fungi. Two drugs may be suggested for hypodermic use; tobacco and atropine or belladonna.

The throbbing heart of a frog is silenced by a drop of muscarine; or Schmiedeberg's alkaloid from *Amanita Muscarius*. Action is restored by a drop of atropine. Animals who have been hypodermically injected with atropine are unharmed by a fatal dose of muscarine. Contrariwise, patients have eaten amanitas, and by means of emetics and purgatives every trace of the fungus has been removed. Stimulants and alleviatives have apparently built up the system; sixty hours after, præcordial distress, faintness, coldness of extremities and other symptoms have been manifest, proving that in rejecting the fungus the system had not discharged itself of the poison. By most mycologists, either emetics or cathartics are considered worse than useless in poisoning caused by amanitine. Injections of warm water, soap and water, perhaps mixed with oil of sweet almonds or oil of olives, on the contrary, relieve the tenesmus, and by producing motion in the lower intestines much assist the bowels in expelling the foreign substance in a natural manner.

Then the physician should use subcutaneous injections of atropine (which seems to control this most powerful of known poisons), or such other drug as the symptoms may indicate, or his discretion dictates.

Perhaps this article would be incomplete without a description of the leading traits of the amanita family of mushrooms. These are, first, a volva or wrapper, which encloses the young plant before it leaves the soil, and may be found at the base of the stem of the full-grown mushroom. The remains of this volva also appear on the cap or pileus, in the form of irregularly scattered and sub-persistent warts or scurf, easily rubbed off, leaving the skin intact. The gills underneath the cap are pure white, and if the mushroom is laid on blue paper a few hours, the white deposit of the spores will resemble delicate shading with an artist's pencil. The color of the mushrooms is very variable, red, orange, green, yellow and white, with intermediate

shades. The most common to this latitude is pure white or yellowish-white cap and otherwise pure white. There are several kinds which may be safely eaten, but it is far better for an amateur to avoid the whole group. The dangerous varieties are extremely common.

We make daily use on our table of a great many varieties of mushrooms for food, gathering them fresh in summer and drying the superfluous stock for winter use. Personal experiments prove that this constant use develops an extreme sensitiveness to the toxicological properties of fungi; the system does not become hardened to their noxious elements. Contrariwise, it repels them and is repelled by them in quantities which a stranger to such diet would not notice.

Because a mushroom is eaten with impunity by the lower animals, it by no means follows that it is fit for the food of man. In the case of October, 1876, mentioned herein, the amanitas were fed to the pigs, who ate the whole stew without ill effects. Swine are also proof against the noxious properties of *amanita muscarius*, and rabbits will swallow unharmed some other non-esculent fungi. On the other hand, *agaricus melleus* is said to have killed a dog in twelve hours, and a cat to have died in terrible convulsions from a meal of *marasmius oreades*. I have seen a dog very sick from biting off the tops of the *coprinus comatus;* all these are edible mushrooms.—*Moniteur Scientifique, Du Quesneville, Paris, Rue de Buce, 12th Jan.* 1879.

CHRONIC INDOLENT VARICOSE ULCER.

BY E. W. HILL, M.D.,
Of Glen Falls, N. Y.

I have been very much interested in the series of articles in the REPORTER upon Ulcer of the Rectum. Having been an interne in one of the largest hospitals in the United States, I know how unreliable hospital reports are (not from any intention of fraud, but oftentimes from the amount of detail work to be done in a given time), and sometimes the reports have to be made to please the visiting surgeon's hobby, and, therefore, I prefer those from private practice.

There is one form of ulcer that I wish to bring to the notice of the readers of the REPORTER—Chronic Indolent Varicose Ulcer. During the last two years I have had five cases, and every one of them had been pronounced incurable by a regular or quack physician, or both. In three of the cases a perfect cure has been effected, one was very much improved, and one is under treatment.

CASE 1.—Mr. W. R., aged about 50 years; has been a constant drinker of alcoholic liquors for over thirty years. Soon after the war commenced he enlisted. He contracted syphilis; was in the hospital long enough to get the primary sore healed, when he returned to his regiment. About 1868 he was kicked by a horse, and sustained a compound comminuted fracture of the leg. Soon after his recovery from this injury the ulcer appeared upon the outer malleolus of the leg. My treatment was, first to thoroughly cleanse the sore with a charcoal poultice, and then stimulate with balsam Peru and *tight* strapping. I continued this treatment for two months, with only slight improvement. I then put him upon potass. iodidi, ʒss. doses, three times a day, and improvement commenced at once, and he was cured in a month.

CASE 2.—Mrs. N., aged 48 years; has had two children; has had the ulcer upon her lower right leg for the last twelve years. Treatment was stimulating applications of balsam Peru, and occasionally pure carbolic acid and *tight* strapping; continued this for two weeks, with no change. We now applied, locally, cod-liver oil (and here let me say that in debilitated subjects you will find the oil to exert its beneficial effects in a truly wonderful degree, and very much quicker than when taken internally); still no marked improvement. I now removed, with a scalpel, the entire outer edge of the ulcer, which was a hardened, cicatricial tissue, and again commenced the balsam and *tight* strapping, when you could see the improvement from day to day. But she was unfortunate, and could not continue the treatment. Had she continued it a couple of weeks longer I believe there would have been a successful termination.

CASE 3.—Mr. A. R., aged 55 years; fine formed; very intelligent; active business man. About three years ago he noticed a pimple on the calf of his right leg; pricked it, and thought no more about it for some days, when he noticed that it had grown larger. Then he called the attention of his family physician to it, who was a homœopath. After some months of unsuccessful treatment, the patient went to Rome, N. Y., to the cancer doctors, but as they did not agree about the case, he came home and got in such a nervous condition that he had to give up business. He lived in this miserable condition, unhappy himself, and making every one about him the same. On Jan. 7th, 1878 he came and showed me the ulcer. I told him that I could cure it in less than two months, without the use of any medicine. He was very incredulous, and wanted

to know if any secret remedies were to be used. I told him none. Had him cleanse the ulcer with a chareoal poultice, and then I applied the balsam and strapped it tightly. It commenced to heal at once, and in six weeks he was cured.

Case 4.—Mrs. McM., aged 55 years; ulcer of thirty years' standing. She had been told by a number of doctors that it could not be cured. She called me, to see if I could do anything to relieve the pain, as it was very intense, night and day. She said that she could not tell when she had slept all night through, for the pain. I took off the sheet lead that she kept it covered with, and had a chareoal poultiee applied that night, and I applied the balsam and *tight* strapping the next morning. She told me that after the pain from the tight straps wore off she had no pain, and was surprised to find that she had slept one night without being awakened by the ulcer paining her. That was the first night after strapping. Perfect cure in two months.

Case 5.—Mrs. K., aged 35 years; strong, healthy woman; had been troubled with the ulcer for three years. She did not eall me expecting to get cured, as she had been told that it could not be done. She was going home the next morning, and so I could only dress it and have her husband continue the treatment—balsam and tight strapping. I have since received a letter from her, and I will copy a few lines: "It has healed about half, I should think, and is not very painful, except after doing it up. . . . . It looks quite like getting well, but I hardly dare to hope yet."

There is no reason why any one cannot eure a simple chronic varieose ulcer. If any physician has one that he considers incurable, if he will send it to me, if I do not cure it, I will return the patient free of charge, and pay traveling expenses.

Medical Societies.

American Dermatological Association.

THIRD ANNUAL MEETING.

The third annual meeting of the American Dermatological Association was held in New York, on August 26th, 27th and 28th.

FIRST DAY.

After a brief private meeting for business, the regular proceedings of the Association were opened by an address from the President, Professor Louis A. Duhring, of Philadelphia, on

The Progress of Dermatology in the United States.

After alluding to the few scattered monographs and articles on cutaneous affections published in this country during the Eighteenth century, Dr. Duhring went on to depict the condition of dermatology in the period succeeding the Revolution.

Cutaneous diseases at this date were shrouded in the utmost obscurity, all, with few exceptions, being disposed of with the single general designation of "skin diseases," and even so eminent a physician as Dr. Benjamin Rush stating that "leprosy, elephantiasis, scurvy and venereal disease, appear to be but different modifications of the same disorder," and that "the same causes produce them in every age and country." About the end of the last century Hunter's work on the venereal was republished, being the first work of the kind which had appeared in this country, although syphilis had made its appearance in Boston as early as 1646.

With the close of the century we note the first of a series of admirable, and in some instances remarkable, theses, mostly presented in the University of Pennsylvania, on dermatological subjects, among which may be mentioned dissertations on the eruptive fevers and on rhus poisoning. Other essays on the physiology of the skin and on cutaneous absorption, followed, and in these the influenee of the famous Dr. Rush upon his pupils is manifest.

Dr. Duhring continued, sketching the gradual progress of dermatology through the earlier years of the present century, and alluded to the ignorance and indifference which prevailed everywhere upon the subject. A student asking information upon a disease of the skin from a physician, received the reply, "Sir, I know nothing of skin diseases; you must go to the surgeon;" appealing to the surgeon he was met with, "Sir, I must refer you to the physician." The situation seemed hopeless. The whole subject was shrouded with a sort of mystery, and was deemed either too obscure or too insignificant to be worthy of serious attention. A few foreign works were translated, but nothing original appeared. The first institution devoted to the treatment of cutaneous affections was the "Broome Street Infirmary for Diseases of the Skin," in New York, opened June 22d, 1836, with Drs. H. D. Bulkley and John Watson in charge. The following year a course of lectures was delivered by Dr. Bulkley, being, it is believed, the first ever given on the subject in this country. The importance of the study of diseases of the skin was now for the first time beginning to be realized, and American students were seeking the hospitals of Europe, especially those of Paris, where, at the "*Hôpital St. Louis*," under Biett and Cazenave, elinical instruetion in skin diseases was made highly attraetive. Indeed, at this period there existed only one school of dermatology, that of Paris, and the influence of the Freneh school was long felt in this country.

The first American work on diseases of the skin was "A Synopsis of the Symptoms, Diagnosis and Treatment of the more Common and Important Diseases of the Skin," with sixty colored plates, by N. Worcester, M.D. Philadelphia, Boston, Cineinnati, 1845. Dr. Worcester was Professor of Physical Diagnosis and General Pathology in the Medieal College of Ohio, at Cleveland. His work was a mere compilation.

The plates were much reduced in size, and very imperfectly reproduced. About this time, and later, a number of foreign works were brought out in this country, chiefly translations from the French. The year 1853 was marked by the creation of special departments in skin diseases at various dispensaries in New York, and at the Howard Hospital, in Philadelphia. Students of dermatology, well qualified by long sojourn abroad, and deeply interested in their work, were now (1860–70) beginning to return from Europe, and to enter upon the field as instructors and lecturers. Paris and her long line of famed teachers, who for so many years shed lustre on the "*Hôpital St. Louis*," no longer claimed the exclusive attention of American students. One now began to hear on all sides of the teachings of the eminent Viennese dermatologist Hebra. Students flocked to Vienna from all parts of the world, eager to listen to the words of a teacher who was able to unfold and explain in plain language these hitherto obscure diseases. Among the number were a few Americans, who, after several years' study with Hebra and his distinguished confreres, returned home well prepared to teach the principles of the new dermatology, the practical value of which they were not slow to recognize. Among the earliest of these was Dr. J. C. White, the former President of the Dermatological Association, and for some years past Professor of Dermatology in Harvard University. In addition to numerous articles in the journals, Dr. White, as early as 1861, gave the first lectures on Dermatology in Harvard University. Following the close of the late war numerous clinical professorships and lectureships were established in different medical colleges.

The translation of Hebra's work marked an important epoch. Great confusion existed in dermatological writings, and particularly regarding nomenclature, and it needed a strong hand to reduce what threatened to be chaos to order. English nomenclature in particular, represented by Wilson, added not a little to the confusion of the time. Especially trying was it that this authority, whose works had been so largely read in this country, should have abandoned himself to the demolition of his own nomenclature. New words were coined to take the place of old, tried and well-known terms, and the spelling of many names was so changed as to render them barely recognizable. As an instance, no less than five names were in turn proposed by Mr. Wilson for the disease we now know (and let us hope may ever know) as psoriasis; lepra, psoriasis, alphos, lepra alphos, and lepra Græcorum were all tried, and sooner or later rejected. These numerous and constant changes, actuated by whatever motives, emanating from so high an authority as Mr. Wilson, were certainly disastrous in their results. A brief but trenchant article published at this time (1870) by Dr. J. C. White, entitled "An Amusing Chapter in Nomenclature," showed in what an unenviable position Mr. Wilson had placed himself.

While the labors of Hebra did much to simplify nomenclature, it has been left to the American Dermatological Association to accomplish very much in this direction for America. The earliest Dermatological Association in this country is the New York Dermatological Society, founded in 1869, which has done much good work. In 1870 was started the American Journal of Syphilography and Dermatology, edited by Dr. M. H. Henry, which was continued through five volumes, containing many original and valuable articles, and was succeeded by the Archives of Dermatology, which, under the editorship of Dr. L. Duncan Bulkley, continues its work as an exponent of American Dermatology. In 1876, at the International Medical Congress, held in Philadelphia, the plan of this association was formed, which now represents in its membership the dermatologists of every section of our country.

In conclusion, Dr. Duhring said he should have been pleased to have continued his subject to the present day, but the vast accumulation of material rendered this impossible at the present time.

Following the address by the President, came a paper by Dr. I. E. Atkinson, of Baltimore, entitled "*A Case of Incomplete Vitiligo*," the patient being a mulatto woman, in whom the chromatic changes accompanying this disease displayed somewhat unusual symptoms, and ran a peculiar course. Dr. Jas. Nevins Hyde, of Chicago, then read a paper entitled "*A Contribution to the Study of the Bullous Eruption Induced by the Ingestion of Iodide of Potassium.*" At the afternoon session Dr. L. Duncan Bulkley, of New York, read an account of "*Two Cases of Chancre of the Lip, Probably Acquired Through Cigars.*" A very interesting discussion on the propagation of syphilis by unusual means followed the reading of this paper; cases were cited where the disease had been carried by means of tooth brushes used in common, towels etc. Dr. Sherwell, of Brooklyn, described the method of cigar manufacture in Havana, where women of the lowest class, and of filthy habits, are accustomed to roll the cigars on the inside of the thigh, in the course of which manipulation the cigar could easily come in contact with the secretions from the genitals, etc. Dr. Bulkley said he had been informed by the head of a large cigar manufactory, that, although machines were at hand for the purpose of finishing the rolling of the cigar, workmen would persist in using saliva for this purpose. Several of the members objected to the title of Dr. Bulkley's paper, believing that the source of infection in the cases described had not been proved to be derived from an infected cigar. It was suggested that the title of the paper should be amended, so as to read "possibly acquired through cigars."

Dr. George H. Fox, of New York, read a paper entitled

The Treatment of Eczema and Ulcers of the Leg by an Elastic Tubular Bandage.

He had frequently found, he said, that the "solid rubber bandage" of Martin, so far from doing good in eczema of the leg, frequently did actual harm. This occasional untoward result sometimes depended upon faulty manufacture, but very often upon the unequal pressure and cutting edges of the folds of rubber sur-

rounding the limb. He had devised a thin, hollow tube of rubber, about twenty-five centimeters (ten inches) in length, with an average width, when flattened, of eight centimeters (three inches), and of varying thickness. This can be drawn over the naked limb, prepared only by oiling it, or dusting some finely powdered starch over it. The tube should reach from the ankle nearly to the knee. It is unnecessary that the foot should be covered, unless the disease has invaded it also, in which case a longer tube, with an opening to give room for the heel, or two tubes, may be used. He showed one of these tubular bandages in position. It had been worn several days without the least discomfort; there was no tendency to undue sweating, nor to maceration of the epidermis.

The last communication of the day was in the form of a lecture, by Dr. Charles Heitzmann, of New York, on "*Microscopical Studies on Inflammation of the Skin.*" This lecture, which was abundantly illustrated by sketches thrown off by the speaker while addressing the Association, was supplementary to that delivered before it last summer, at Saratoga, on "The Behavior of Epithelium," and was a masterly effort.

SECOND DAY.

After the usual business meeting, the public session of the Association opened with a paper by Dr. H. G. Piffard, of New York, on "*Viola Tricolor.*" The fluid extract of this plant, which belongs to the pansy family, was asserted by Dr. Piffard to be efficacious as a remedy in infantile eczema capitis.

In the discussion which followed the reading of this paper, Dr. Heitzmann said the remedy was an old one, and one of a numerous class which had been in vogue in Germany since time immemorial, until Hebra dispelled the mists of darkness which hung around dermal therapeutics, and showed that these so-called vegetable specifics had no more curative effect on skin diseases than so much hay.

A paper followed, by Dr. Arthur Van Harlingen, of Philadelphia, entitled "*A Case of Chronic Inflammatory Tuberculo-vesicular Disease of the Skin,*" with illustrative microscopic sections of the lesions. The last paper of the morning was by Dr. Samuel Sherwell, of Brooklyn, on

The Tattooing of Cutaneous Nævi.

Dr. Sherwell described the peculiar method devised by himself for performing the tattooing process, and described the apparatus which he had invented for the operation. The instrument consists simply of half a dozen fine glover's needles, bound together in a bundle with waxed thread, so that their points shall be one to two millimeters apart. This is used either alone or in connection with some irritating substance, as carbolic acid. Many sittings are required, and the operation is a painful one, but the results are satisfactory in all cases of superficial or cutaneous nævi. Of course, when the nævus is of considerable size and deep, and is supplied by large sinuses, this method cannot be practiced. At the conclusion of his paper, Dr. Sherwell brought before the association a female patient, upon whom he had operated by tattooing, for the relief of a disfiguring nævus of the chin. The cure was not quite completed, but thus far the success was undoubted, and the result of the tattooing treatment could not fail to be ultimately satisfactory.

AFTERNOON SESSION.

Dr. W. A. Hardaway, of St. Louis, read a paper giving an account of "*A Case of Multiple Tumors of the Skin Accompanied by Intense Pruritus.*" Dr. Duhring read a paper entitled "*Supplement to a Case of Inflammatory Fungoid Neoplasm,*" being a continuation of the history of the case presented at the previous meeting of the Association. Considerable discussion followed the reading of this paper, the question being as to whether the disease deserved an especial name, or whether it might not be classed among the sarcomata. The last paper of the afternoon was one by Dr. James Nevins Hyde, of Chicago, giving a description of "*A Variety of Molluscum Verrucosum, Presenting Unusual Features.*"

THIRD DAY.

The papers read at this, the final, session of the meeting were three in number. The first was by Prof. Jas. C. White, of Boston, on

Etiology.

The reader examined the various theories formerly, and perhaps still, prevalent regarding the dependence of diseases of the skin upon diatheses, and upon affections of the various organs, etc., and claimed for the skin the same independence with regard to the causation of disease which is allowed to other organs of the body. An animated discussion followed the reading of this paper. While all the speakers praised the skill and thoroughness with which the reader had disposed of the crude and theoretical views formerly prevalent, and still, perhaps, somewhat in vogue, by which skin diseases were regarded as the efforts of certain humors to break out of the body, or as the outward manifestations of some mysterious diathesis, yet much opposition was expressed to his views upon the independence of the skin of the diseases and ailments of the various internal organs. Dr. R. W. Taylor's paper "*On the Nature of Syphilis,*" took the ground that certain minute albuminous protoplasmic bodies found in the serum of chancres and other lesions of early syphilis act as carriers of contagion. The final paper of the session was a second one by Dr. Hardaway, of St. Louis, entitled "*Obliteration of Varicose Vessels in Rosacea by Electrolysis.*" Dr. Hardaway described the apparatus made use of by himself, consisting of a number thirteen cambric needle inserted to the depth of 1.5 to 2 millimeters into an opening first made in the dilated capillary, and connected with a battery of seven cells.

After a short discussion upon Dr. Hardaway's paper, the Association adjourned to meet next year in Newport, on the last Tuesday in August, 1880. The officers for the following year are, President, Dr. Louis A. Duhring, of Philadelphia; Vice-presidents, Drs. E. Wigglesworth, of Boston, and W. A. Hardaway, of St. Louis; Secretary, Dr. Arthur Van Harlingen, of Phila-

delphia; Treasurer, Dr. I. E. Atkinson, of Baltimore.

BRITISH MEDICAL ASSOCIATION—PROCEEDINGS OF SECTIONS.

SECTION OF MEDICINE.

(*Continued from page 229.*)

Several papers were read on

Alcohol in Fever,

Expressing quite different opinions as to its value as a medicine and accessory food.

In the discussion, Dr. Spedding (Belfast) said he had considerable experience in the administration of stimulants to children in a variety of diseases, chiefly high pyrexiæ and fevers. Only one speaker had alluded to giving stimulants to children, and he seemed to be rather averse to it. He had cases in which, for several days, children had not allowed one particle of nutritive food to enter their stomachs, and had lived on nothing but water and punch, made very sweet and taken cold. It had been his practice for the last eight years, in the Belfast Dispensary, to withhold alcohol till pulmonary complications appeared, about the second or third week. He thought that was the time when the use of stimulants was indicated; and then he measured the amount of his stimulants by the amount of the pulmonary complications. It seemed to act remarkably well on the heart, and also acted as an expectorant.

Dr. Smith, of Dumfries, said that in Scotland they recognized fever as a disease that ran a certain course. They found that the best method of preventing death was to support the system from the commencement of the fever; and they did not give stimulants when they found that nervous symptoms were produced.

Dr. Sinclair (Dundee) was of opinion that the other ingredients of most alcoholic fluids were not by any means to be under-estimated or ignored, as they too often were. Whisky contained none of those volatile ethers which were developed by keeping in the rich wines of France and Spain; and for this reason he objected to the administration of whisky.

Dr. Little (Dublin) wished it not to be supposed that he thought alcohol was not one of the most valuable agents they had. He had, however thought it was potent for evil as well as for good; and that they must be exceedingly cautious in its use. He had himself been in the habit of prescribing a cup of tea in the morning, beaten up with the yolk of an egg, as a substitute for stimulants.

The President said this had been the most satisfactory discussion on a question of treatment that he had ever heard. They had gentlemen there with extreme views on both sides; and there had arisen from those gentlemen not only a convergence, but an actual conjunction of opinion as to the point of the value of alcohol in the treatment of fever. In the first place, it was apparently agreed that the patient in fever was like a ship in the storm They could not do very much for the storm: but they could do a great deal in steering the ship in the storm. The main object was to support the life of the patient in passing through the storm of fever. In the next place, when the patient began to fail, and death was threatened, perhaps the best remedy was alcohol. It was also agreed that circumstances arose in the course of the fever, and pointing to failure, perhaps not only was alcohol a successful, but it was the only successful means which they could employ; and that, when they gave alcohol, they must give it with a sparing or with a tentative hand; and so long as certain evidences of disagreement did not arise; so long as the tongue was not dry, as the pulse was not increased; so long as no suppression of urine, and as no increase of delirium occurred; and so long as the patient felt comforted and quiet, they might go on with the idea that they were assisting the patient in arriving at a happy termination of the disease.

Dr. Morell Mackenzie then read an article on

Laryngeal Phthisis,

of which the following is an abstract:—

1. Laryngeal phthisis is due to the presence and subsequent breaking down of tubercles in the mucous and sub-mucous membranes. The tubercles, some very small and some as large as a millet seed, are found imbedded in a reticular structure, filled with small, round lymphoid cells. This tubercular matter is sometimes deposited uniformly through the thickness of the mucous membrane, but much more commonly it is found in the most superficial layer of the mucous membrane, immediately beneath the epithelium. 2. Laryngeal phthisis is essentially a secondary phenomenon, occurring as a sequel to pulmonary phthisis. There is no evidence that any case of *primary* laryngeal phthisis has ever existed. 3. The disease is not due to the corrosive action of the spnta. 4. The disease is much more common among males than females. Out of 500 cases examined by the author during life, 365 were males and 135 females. In a hundred necropsies, there were 73 males and 23 females. 5. The most frequently present symptom of laryngeal phthisis is impairment of the vocal function. In 500 cases the voice was impaired 460 times. Cough was a marked symptom in 427 patients. Dysphagia occurred 151 times. 6. The naked eye appearances of laryngeal phthisis, either during life or after death, cannot be absolutely relied upon, but pale pyriform swellings of the aryepiglottic folds, and a pale, turban-like thickening of the epiglottis, are seldom met with except in laryngeal phthisis. More or less uniform thickening, with marked pallor, of the mucous membrane, and small scattered ulcers, are the characteristic features of the disease. 7. The prognosis is always unfavorable, the ordinary duration of life after the throat symptoms have become troublesome being from twelve to eighteen months. 8. The only treatment which is of any use consists in the employment of palliative remedies. Where there is pain in swallowing, insufflation of morphia gives the greatest amount of relief.

A number of papers were read on

Tracheotomy in Croup.

One of these, by Mr. W. Thompson, of Dublin, gave a short account of six cases in which he had operated, with two successful results. He discussed the subject under two heads: 1. Under

what circumstances ought the operation to be performed? 2. What conditions will tend to insure its success? He expressed his belief in medication in the early stages; but when a membrane was present he believed that the treatment should be by emetics; and failing success, that tracheotomy ought to be performed, provided that urgent symptoms were present—such as the sinking in of the substernal tissues and of the parts at the root of the neck. He regarded the operation as simply relieving an urgent mechanical obstruction, thus preventing the poisoning of the patient by carbonized blood, and giving time for the use of other remedies, if necessary. He advocated the suprathyroid operation, as being quite as efficient as the infrathyroid, while it was less difficult. Steam spray, a full-sized tube, careful nursing, and the spraying of the trachea occasionally with lactic acid solution or lime water, were regarded as important helps to success.

The propriety of the operation in certain cases was generally recognized.

Mr. Corley stated that he regarded the operation as one of the most serious—he did not say the most dangerous—in surgery. Of the dangers, shock was a necessary concomitant; congestion of the lungs or bronchitis from contact of the cold air with the pulmonary mucous membrane, if it existed, was quite avoidable. The immediate and complete oxygenation of the blood which followed a free opening in the trachea, the consequent resumption of the vital functions, and the cessation of the exhaustion and ineffectual struggles for air, justified any risks incurred in performing the operation. As to the proper time for operating, much stress was laid, in the hospital with which he was connected, on substernal sinking in respiration, which showed that the lungs were not descending while the diaphragm was contracting.

In a paper by Dr. E. T. Tibbets, on

The Action of Digitalis,

the author believed that digitalis was strictly a cardiac sedative and a general depressant, and that it did not, as a rule, increase arterial tension. Apart from the experiments and clinical observations previously alluded to, he arrived at the following results: 1. Small doses, *e.g.*, one to two drachms of infusion, three times daily, are quite sufficient to produce nausea and even vomiting. 2. One-sixtieth of a grain of digitaline dropped into the eye produces dilatation of the pupil. 3. Its action in many ways is identical with that of tobacco, aconite, lobelia, etc. 4. No example is recorded of its ever having produced a hard, powerful pulse and general vascular excitement. 5. Its diuretic action is probably due to dilatation and not to contraction of the small vessels. The present modern theory the author believed to be dangerous. The sphygmographic observations made with regard to arterial tension he considered open to many fallacies. As one result of these observations, digitalis had been recommended in fatty degeneration of the heart, which the author regarded as injudicious as the administration of opium to a patient suffering from uræmic drowsiness.

Dr. A. Harkin spoke of the

Treatment of the Hemorrhagic Diathesis.

He observed that in this diathesis, which is characterized by a diminished proportion of fibrin, a soft clot, an absence of the buffy coat, accompanied with a delicacy of structure in the capillaries and minute vessels, a remedy is required that shall increase the fibrin, add to the plasticity and chemico-vital elements of the blood and restore its coagulating power, as well as the contractile action of the capillaries; and thus destroy the dyscrasies, in which a slight wound may lead to excessive hemorrhage, a trifling contusion to extensive extravasation. That this salt, whether given alone or in combination with iron, possesses the very desirable property of controlling the various developments of the hemorrhagic diathesis, and that its persevering administration will neutralize the constitutional taint on which these ailments depend, Dr. Harkin hoped to establish by the relation of satisfactory cases, selected from an experience of its value extending over more than twenty years' observation. He generally ordered the medicine in the form of one ounce of a saturated solution three times daily, one ounce of the salt to a pint of water; and if iron be required, an addition of one drachm of the muriatic tincture to the solution completes the mixture. Administered in this proportion, Dr. Harkin had had the greatest satisfaction in the treatment of epistaxis; in hæmophilia; in hemorrhage from the bowels, from the kidneys, from the lungs, from the stomach; in menorrhagia; in scurvy; and in purpura hemorrhagica.

Dr. Octavius Sturges spoke of

Chorea as a Functional Disorder.

His paper was designed to show, from an examination of the ordinary phenomena of chorea, that the affection in its simple and uncomplicated form is not due to any lesion which is demonstrable anatomically; and that its symptoms are not otherwise to be explained than by reference to the general character of disturbed muscular movement, when the source of such disturbance is, directly or indirectly, a mental impression. This position it was sought to maintain by reference to (1) the age and sex of the patients; (2) the actual character and common association of the affection; and (3) the modifications it undergoes at the various periods of life.

Papers were presented on

Albuminuria.

One by Dr. R. Saundly, on the "Apparent Presence of Albuminuria in Healthy Persons." He thought paraglobulin was sometimes mistaken for albumen.

Dr. C. R. Drysdale read on "Syphilitic Albuminuria." He said that no matter what treatment had been made use of, he had found that, in certain cases of syphilis, a fatal termination occurred by the insidious commencement of nephritis, usually far on in the disease, but occasionally arising precociously, or within a year after infection. The latter was, however, very rare indeed. The morbid anatomy of syphilitic albuminuria may consist of diffuse inflammation of the cellular elements of the kidney, which, as in the case of syphilitic cirrhosis of

the liver, spinal cord, etc., leads to the destruction of the secreting cells, and ultimately to fatty degeneration of the organ. In some cases circumscribed gummy inflammation forms small tumors in the substance of the kidney. The disease usually commences silently, is accompanied by anasarca, and may end in death from asthenia or in coma. The diagnosis is made out by the history of the case, and is often quite clear; but even when the history is indistinct, assistance may be gained by noticing whether there are any scars on the liver after death. Dr. Drysdale gave the clinical history of an acute case of syphilitic nephritis occurring in a young man, aged twenty-eight, with large rupia sores recently cicatrized, and with a short history of infection ten months before. He rapidly sank and died.

Dr. Churton, of Leeds, spoke of

The Perignosis of Patients.

He informed his audience that the word "perignosis" meant knowing about the patient, his circumstances and surroundings, and especially the disordering influences to which he had been exposed, both recently and during his former life. The importance of this knowledge in practice, and the difficulty of obtaining it, were alluded to. The mode of examination was described, and appended to the paper were printed forms used in the Leeds Dispensary.

Editorial Department.

Periscope.

Treatment of Eczema.

The following directions are given by Dr. J. B. Bradbury, in the *Lancet*:—

Cases of acute eczema speedily recover if the patients are placed upon an unstimulating diet, and have soothing applications to the skin. In acute general eczema the alkaline and bran baths are very valuable, and local applications of olive oil and lime water (the *Linimentum calcis* of the Pharmacopœia), or lead lotion. When the disease has somewhat subsided, the internal administration of arsenic and the local application of zinc ointment hasten the cure. In the case of a gentleman I saw in consultation, who was gouty and had albuminuria, colchicum with magnesia quickly removed the malady. These remedies are also very valuable in chronic eczema occurring in persons of a gouty habit. Indeed, in eczema, as in all diseases, the importance of looking for some diathesis cannot be over-estimated. A disease often resists cure till such constitutional vice has been discovered and corrected. A short time ago I cured a gentleman of gouty eczema with liquor potassæ in thirty-minim doses, given with compound infusion of gentian, three times a day.

In chronic eczema of the hands arsenic almost invariably does good, and as a local application, the diluted nitrate of mercury ointment. For eczema of the axillæ, which is frequently accompanied by boils, the internal administration of the perchloride of mercury, and the local application of mercurial ointment, are almost a specific. I have cured two cases of this kind which had resisted all other treatment. The combination of iron with sulphate of magnesia is most valuable in the treatment of eczema in anæmic young women with constipated bowels. The dose of sulphate of iron should be larger than that usually given. I give three- or four-grain doses. In anæmic young men the tincture of perchloride of iron, in at least half-drachm doses, answers better than the sulphate. I quickly cured a medical student of chronic eczema of the legs by this treatment, when other remedies prescribed by a specialist had failed. In chronic eczema of the face an ointment of equal parts of white precipitate ointment, and either zinc or compound subacetate of lead ointment is very useful. Sometimes, especially where the hairy parts are affected, the dilute nitrate of mercury ointment succeeds better. In eczema of the lips a private patient has derived great benefit from an ointment composed of almond oil, yellow beeswax, new honey, and oxide of zinc, a formula which I obtained from a paper by Dr. Durkee, in the *Journal of Cutaneous Medicine*. I have cured two cases of eczema of the nostrils by the application of dilute nitrate of mercury ointment. This ointment is best diluted with vaseline. Preparations of tar are of great use in some cases of chronic local eczema, but English skins are not so tolerant of these remedies as German skins.

Patients subject to chronic eczema should, as a rule, avoid salt meats, soups, sweets, acids, fruits, pastry and raw vegetables.

Eczema in young children is frequently a very troublesome malady, probably owing to the disturbing influence of dentition. In children a few months old, where the disease is syphilitic, I give gray powder night and morning, and apply a mercurial ointment. When the disease has somewhat subsided, I give the syrup of the iodide of iron. The perchloride of mercury has disappointed me in these cases. In non-syphilitic eczema, after correcting any error in diet, and attending to the state of the secretions, I prescribe the ferro-arsenical mixture of Mr. Erasmus Wilson, and apply the zinc ointment, and generally with the happiest results. I have recently cured three cases of eczema of long standing, which had resisted all previous treatment, by this method. It is very important in this, as in all forms of eczema, that the treatment should extend over a considerable time, in some cases six months. In eczema of the scalp, and generally in impetiginous eczema, after the

removal of the scabs by poultices and oil, the local application of the *unguentum hydrargyri cum plumbi* of the Skin Hospital is invaluable. Eczematous children are almost invariably benefited by cod-liver oil.

Treatment of Fistulæ and Scars of the Cheek.

On this subject Mr. Edward Bellamy, F.R.C.S., writes to the *Lancet*—

It is, in the first place, all-important to find out exactly the course taken by the fistula or fistulæ—a matter of considerable difficulty sometimes; and the following classification may have its value in diagnosis: 1. Those opening into the cheek, with a track above the level of the buccal or labial mucous membrane, and which usually discharge saliva only. 2. Those whose track lies below this level, and which discharge pus and muco-purulent fluid and no saliva. 3. A complication of both forms, and which discharge both pus and saliva. With regard to the accurate detection of their course, an ordinary probe frequently gives merely a general idea of the direction, without passing into the offsets. I have always found that a fine filiform bougie, or better still, a fine india-rubber French bougie, is more useful than anything else. After having determined the course, irritating cause, and condition of the fistula, in order to avoid further scar, the dead bone, if there be any, is to be removed by delicate but strong forceps or gouge, and afterward the track should be washed out with a very strong solution of sulphuric acid, which has the effect of completely destroying the fistulous track; or by the introduction of minute crystals of nitrate of silver, until the granulations appear at the orifice, gentle pressure being maintained. A cicatrix, however carefully the treatment be carried out, is sure to remain, unsightly always and often troublesome, appearing as a "pucker" or adhesion to the underlying bone; and with regard to its treatment, I venture to state, from my own experience, that two methods are open to the surgeon, dependent on the extent or strength of these adhesions. The first consists in introducing a fine blunt-pointed tenotome through the tissue of the cicatrix—laminating it, as it were—taking great care to leave it in free communication with the integument adjacent to it; next, to introduce between the split surfaces a thin strip of sheet-lead, which should be kept in, to prevent the adhesion of the surfaces divided by the tenotome. After a few days, the superficial lamina of the cicatrix may be subjected to gentle movement over the lower lamina, which the patient may conduct himself; this prevents adhesion, and renders the tissue pliant and assimilative. This may be termed the "passive movement" of the cicatrix. The second plan, if the former fails—or indeed it may be advisable at first—consists in dissecting away the adherent tissue entirely, vivifying the edges of the cicatrix and bringing them together by means of fine entomological pins, and so gaining a mere linear scar at worst, care being taken, by movement, to prevent permanent adhesion. The great elasticity of the cheek structure permits of this without any deformity resulting as regards expression. Manipulative skill is necessary for success, but results appear so satisfactory that I am inclined to think that, in cases where it is important, for the sake of the patient's looks, operative proceedings should be undertaken, the above suggestions may be of use.

Therapeutical Value of Drug-Smoking in Asthma.

On this subject Dr. R. E. Thompson writes to the *Practitioner*—

The leaves should be procured in good condition, and perfectly fresh; they should then be soaked in a solution of nitre (25 per cent.), and the leaves then dried by gentle heat and powdered. I have made use of the various neurotics in this manner, in asthma, first separately, in order to ascertain the individual value of the remedy, and then in combination, and the experiments have now been carried on for many months, and I am disposed to place them in the following order of merit: opium, stramonium, cannabis indica, conium, lobelia.

The three first on the list appear to be the most potent by fumigation, but when administered in the wet method (if I may use the term) cannabis indica is so uncertain and so apt to produce delirium, especially in women, that I prefer conium, a drug from which I have obtained extremely good results, when administered by the mouth.

With belladonna I could not satisfy myself that any good results were to be obtained by fumigation, and I consider it far inferior to those given above, in whatever way it is administered.

The powder may be used by those patients who are not accustomed, or object, to smoking cigarettes, or it may be added to the tobacco of those who prefer the use of the pipe.

As regards the composition of the powder, I have had good results from gr. ix of stramonium and gr. j of cannabis indica, this being a quantity, which will cover a shilling, sufficient for one fumigation.

But if the patient does not object to smoking I much prefer to administer the remedies in the form described in my previous paper, namely, paper cigarettes impregnated with tinctures, so that the dose may be accurately apportioned.

It will be understood that in suggesting remedies which serve to alleviate the spasmodic dyspnœa of asthma, I do not consider that they constitute a mode of treatment calculated to improve the general condition of the patient, or that they are more than palliatives of an urgent symptom: constitutional treatment by ferruginous tonics and cod-liver oil, or it may be by iodide of potassium or arsenic, must be resorted to, if it be intended to give the asthmatic patient permanent relief from distressing disease. With acute conditions of the disease, with bronchial complications of such a nature as to contra-indicate the use of iron, there is probably no treatment better for a majority of cases than the use of iodide of potassium with stramonium; in many cases of like character I have derived very good results from the administration of hemlock in combination with the hypophosphite of soda, but for the prevention of the disease I know no treatment to compare with iron and cod-liver oil.

But for soothing and diminishing the dyspnœa, neurotics may be used with great effect; and the following combination is that which, up to this time, has given me the best results.

The same form of cigarette is used as described in my former contribution on this subject, and the paper is soaked in the following drugs, according to the recipe here given:—

Extract of opium,	gr. $\frac{1}{61}$
Extract of stramonium,	gr. $\frac{1}{32}$
Tincture of Indian hemp,	♏ $\frac{1}{4}$
Tincture of hemlock,	♏ $1\frac{3}{4}$
Tincture of lobelia,	♏ $1\frac{1}{4}$
Tincture of tobacco,	♏ 9
Oil of anise,	♏ $\frac{1}{8}$
Nitre,	gr. $\frac{1}{4}$.

Or for a sheet of Swedish paper sufficient to make sixty-four cigarettes, the formula may be given thus:—

Tincturæ tabaci,	℥ x
Tincturæ conii,	℥ ij
Tincturæ lobeliæ,	℥ ij
Tincturæ cannabis ind.,	♏ xxxij
Extract. opii,	gr.j
Extract. stramonii,	gr.ij
Olei anisi,	♏ viij
Potassæ nitratis,	gr.xvj
Spir. v. r. ad,	℥ ijss.

This formula, which is a complex one, has only been obtained from repeated experiments, leading step by step to the addition of some effective remedy and omission of less useful ones.

What is Malaria?

The *Practitioner* quotes, on this subject, the recent researches of Professor Klebs and Signor T. Crudeli. They say—

The organisms which, according to our observations, are to be regarded as the true causes of malaria, since they are to be found in the infective liquids obtained by the earth from the air, and by cultivation, as in the bodies of infected animals, belong to the genus *bacillus*. In the soil of malarious regions they are found in the form of numerous spores, which have the power of independent motion, and strongly refract the light. They have an elongated oval figure, and a maximum diameter of 0.95 micro-millimeters. They develop, either within the body or in cultivating apparatus, into long filaments, which at first are homogeneous. Later on, these filaments undergo transverse fission, which converts them into a chain, and in the interior of each link new spores develop. The first formation of these spores is parietal, but finally, almost the whole interior of the link becomes filled with these little bodies. This morphological property seems to correspond to a particular species of bacillus, which we propose to call *Bacillus malariæ*, since we have seen it develop within the bodies of animals infected by malaria.

In regard to the biological properties of this plant, we may mention besides that it requires for its development the presence of free oxygen, and perhaps it belongs to Pasteur's class of *aerobii*. It does not develop in water, but does so in liquids rich in nitrogenous substances, such as solutions of gelatine or albumen, in urine and in liquids of the organism. Its greatest development in the body of infected animals occurs in the spleen and medulla of the bones, which in some of our cases contain long and homogeneous filaments, which measured 0.06–0.084 millimeters in length, and .0006 millimeters in diameter. This circumstance is noteworthy, since it is precisely in these organs that the most characteristic anatomical alterations are to be found, in consequence of grave malarious fevers in man.

The editor of the *Practitioner* adds:—

These researches by Klebs and Tommasi-Crudeli go far to decide the controversy which has long raged regarding the origin and nature of malaria, and to settle this vexed question in favor of malarious poison being a vegetable organism of low origination.

Disease from a Kiss.

Dr. R. L. Payne, of North Carolina, calls attention, in the North Carolina *Medical Journal*, to the danger of conveying disease by kissing. He would do away with this custom. He gives this case and comments:—

A young man came to me with a neglected case of pox. He was already in the secondary stage of the disease, and among other symptoms which presented, had several mucous patches upon his lips and within his mouth.

He had a little cousin, a girl child of sixteen months of age, who was still at its mother's breast. They were very fond of each other, and he was frequently in the habit of fondling and kissing the child.

Of course, I knew nothing of this intimacy, or I should have warned him of the danger. Some weeks after this I was called to visit the child and its mother. I found the little one with enlarged cervical glands, sore mouth, sore eyes, etc., and its mother said to me, after I had prescribed for the child: "Doctor, please look at my nipple, I believe I am going to have cancer of the breast." Her nipple was sore indeed, and her axillary lymphatic glands were enlarged and indurated, not from cancer, however, but from a characteristic chancre.

I treated them all for syphilis, and the good results of the treatment verified my diagnosis. I have seen many similar cases during the last twenty-five years, and many more might be cited from the authorities upon this loathsome disease, but the above are sufficient for my purpose.

Very many other diseases may be conveyed by the act of kissing, and I might go on at length enumerating them, and adducing "confirmations as strong as proof of Holy Writ;" but my object is simply to call attention to the truth which lies in this direction, and to testify most solemnly against a practice so fraught with danger, so pregnant with death!

The act of kissing is never, under any circumstances, indispensable, and the indiscriminate practice is not only unnecessary, but is also foolish, dangerous, and very often insincere.

Ah, yes; many an insidious kiss has been given since the days of Judas! Then, why longer indulge in a custom so empty, so meaningless, but yet so potent for evil?

Catgut as a Vehicle of Infection.

In No. 12, 1879, *Centralblatt für Gynäkologie*, quoted in the Edinburgh *Medical Journal*, Prof. Zweifel, of Erlangen, records a case in which infection resulted from the raising of the edges of an extremely small fistulous opening, which had remained after an operation for transverse obliteration of the vagina. In the case referred to the knife, needle, and hooks were carefully disinfected in a 5 per cent. solution of carbolic acid. The edges were brought together with catgut sutures. Septicæmia and death followed this operation, and the post-mortem examination clearly proved that the death was due to a recent infection starting from the pelvis. The bottle of catgut from which the threads were used on this occasion was then examined, and found to contain bacteria. In other two specimens of catgut examined by Zweifel a countless number of microscopic creatures were seen wriggling between the lamellæ of the catgut. Zweifel considers it as nearly certain that the catgut was the source of infection in the above case, and thinks it absolutely necessary that each bottle of catgut should be subjected to careful microscopical examination before being used. He points out that if the catgut bottle is not securely corked, the carbolic acid gradually evaporates from the oil, more especially if the bottle is kept in a warm room. Zweifel is more inclined to explain the occasional appearance of putrid catgut in this manner, than to believe that it may have been produced from the intestines of putrid animals.

Trigeminal Neuralgia of Long Standing Cured by Aconitia.

Dr. Robert F. Weir, Surgeon to the New York and Roosevelt Hospitals, gives this case in the *Archives of Medicine*, Aug., 1879:—

Peter Derken, aged 38, a German, was first seen April 15, 1879, in consultation with Dr. W. T. Alexander. The patient had had severe neuralgia for eighteen years, affecting principally the distribution of the infra-orbital nerve of the left side of the face, with the paroxysm recurring nearly every minute. Sleep has been obtained by use of chloral and opium.

Eighteen months since the nerve was divided at its point of emergence on the cheek, and half an inch of it removed by Dr. A. B. Mott, of this city. As a result of this operation the pain was absent for three or four months, when it recurred, and it is now more marked in the parotid and temporal regions and along the teeth of the upper jaw. The neuralgia has lately affected the teeth of the lower jaw also on the same side.

Aconitia was advised as worthy of a trial prior to resorting to the removal of the remaining deeper portion of the nerve, and Duquesnel's preparation gr. $\frac{1}{10}$ (obtained at Neergaard's), was exhibited three times a day, which, on the 17th inst., was increased to gr. $\frac{1}{60}$ *ter die*. After the second dose of this strength the patient felt slight coldness over the body, with moderate tingling sensations. No effect on the neuralgia was, however, noticed, and on the 19th four doses of gr. $\frac{1}{60}$ each were given, without any physiological effect, though the pain was made easier, so much so that the patient slept the next night without any anodyne.

April 25th. Has now increased the doses of aconitia to seven per diem, each being gr. $\frac{1}{60}$. No physiological effects have been produced by the remedy, except occasionally a slight chilliness. The amelioration of the pain is most marked. He feels it only moderately in the lower molars in the afternoon. It soon left him entirely.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a pamphlet of "Notes of Hospital and Private Practice," Dr. Henry Gibbons, Sr., of San Francisco, gives tersely the most efficient means he has found in the management of a number of common diseases.

——Dr. Nathan Bozeman, of New York, has published, through William Wood & Co., the results of eight cases of ovariotomy, of which seven were successful. He details at length the preliminary and after treatment he prefers, and the steps of the operation.

——Several new medical journals are announced. Among them are a semi-monthly, under the charge of Dr. Dudley, of Chicago, and a quarterly, under that of Dr. C. H. Hughes, of St. Louis. The latter will be entitled "The Alienist and Neurologist," and will be devoted, as its title denotes, to psychiatry and neurology. Dr. Hughes was formerly Superintendent of the Missouri State Lunatic Asylum, and has contributed, from time to time, various valuable articles on his specialty, to current literature.

——With a clear and broad appreciation of the true position of medical men in the community, Dr. D. N. Kinsman, Professor of the Practice of Medicine in the Columbus, Ohio, Medical College, has made a careful original study of the destructive disease among swine, known as "Hog Cholera." He states that $20,000,000 are lost annually by this disease in the United States. From his investigations, he concludes that it is no form of anthrax, nor yet of typhoid fever, but a specific, contagious disease, peculiar to the species. Extensive peritonitis is always present. The essay deserves very general attention.

——Dr. E. Seguin sends an address read before the British Medical Association, at Cork, on his favorite topic, the Metric System. He briefly stated the progress it was making. Following his address, on the proposition of Mr. Ernest Hart, editor of the journal of the Association, a committee was appointed to report on the means

of introducing the metric system in medicine in Great Britain—Dr. Clifford Albutt, of Leeds; Dr. Lauder Brunton, F.R.S.; Dr. Sieveking; Prof. Frazer, Q. U., Edinburgh; Prof. Harvey, University of Aberdeen; Dr. Quain, F.R.S., Chairman of the Pharmacopœia Committee of the General Medical Council, and Mr. Ernest Hart, Chairman of Council.

——"Dermatitis Venenata" is the term applied by Dr. Roswell Park, of Chicago, to the cutaneous eruption caused on many persons by various species of rhus, notably the *R. toxicodendron* and *R. vernix*. His essay, which is quite an exhaustive one, is a reprint from the *Archives of Dermatology*.

——Many persons go through life with a squint that is a deformity, and finally an injury to their visual powers. In a recent reprint Dr. J. J. Chisholm, of Baltimore, urges the advantages, the ease and safety of the operation required to relieve them. He says: From the present status of ophthalmic science I know of no operation in the whole domain of surgery which gives more satisfactory and permanent good results than the scientific operation for squint. In the very large majority of cases, a few weeks after the operation it is impossible to see that any defect in the position of the eyes had ever existed.

——Of all the deaths that occur in civilized countries nearly one-fourth are those of infants less than one year old. Nearly one-half of all deaths are those of children less than five years old. In view of this sad fact the Wisconsin State Board of Health has this summer distributed largely a series of instructions on the care of infants and young children. They are carefully prepared. Among other facts the circular states that the popular idea that the second summer is the most dangerous to the life of the child is fallacious; it grows, doubtless, in part, out of another and dangerous popular idea, that diarrhœa is a natural and almost necessary attendant upon "teething," and that it is wrong to check a diarrhœa which occurs during this process. At the very commencement of any such disorder in children it should be controlled, and this may very often be done by observing the rules given, and without medicine.

BOOK NOTICES.

Transactions of the College of Physicians of Philadelphia. Third series. Volume IV. Philadelphia, Lindsay & Blakiston.

This volume contains the Transactions from the summer of 1877 to the summer of 1879. We have printed in the REPORTER sufficiently full accounts of the papers read before the College, so that we need not recall them here.

The volume is well printed, and can be obtained of Messrs. Lindsay & Blakiston, of this city.

The Student's Guide to the Diseases of Women. By Alfred L. Galabin, M.D., Lecturer at Guy's Hospital. Illustrated. Philadelphia, Lindsay & Blakiston, 1879.

In the compass of 350 small octavo pages the author of this work gives an epitome of what a student will find it most essential to learn about diseases of women. He necessarily omits much, as, for instance, almost nothing is said about gynecological operations, nor about the diseases incident to the pregnant state. It is, in fact, no longer possible to do justice to the subject in so brief a space; but with this disadvantage to contend with, and having in view the wants of students only, Dr. Galabin has succeeded as well as any one could expect him to, exercising good judgment in his selection and treatment of topics.

Physiology and Histology of the Cerebral Convolutions. Also, Poisons of the Intellect. By Charles Richet, A.M., M.D., of Paris. Translated by Edward P. Fowler, M.D. New York, Wm. Wood & Co., 1879. 8vo, pp. 170.

The first of these essays includes a full and minute description of the structure of the cerebral convolutions, their development, physiology, physiological properties and their functions. Numerous illustrations are inserted, to render the text more clear, and there is every indication that both original study and a conscientious use of authorities have been summoned to the aid of the author. This is further shown by a bibliography which is added, but which is by no means complete, and we presume only includes works which have been read by the author.

The second essay is called, on the title page of the book, "Poisons of the Intellect," and at its commencement "Poisons of the Intelligence. These words do not mean the same, and both of them are singularly incorrect and inappropriate. What they refer to is the action of the stimulant narcotics, alcohol, chloroform, haschisch and coffee. It was not worth while to translate this paper. It is trite and superficial, and reads as if it was prepared for the instruction of a village lyceum, rather than the scientific world.

THE

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THE PRINCIPLES AND PRACTICE OF LITHOTRITY.

The REPORTER of January 11th, 1879, contained a communication from Dr. Reuben A. Vance, of Cincinnati, Ohio, entitled, "The Principles and Practice of Modern Lithotrity, and the Recent Issues by which They are Imperilled;" a paper originally read before the Tri-States Medical Society at Springfield, Illinois, November 12th, 1878, and one which attracted no little attention at the time of its first appearance. In this article Dr. Vance described briefly, but accurately, the changes initiated in the bladder when that organ contains a calculus, and spoke of the necessity for measures looking to the control of the inflammatory action it has excited, as well as for those requisite for the removal of the stone; of the two elements which the problem of removing the stone presents—the one, the stone itself; the other, the state of the bladder. For the success of lithotrity, the irritability of the bladder and the urinary passages must be reduced to the minimum; this is the most important preliminary step to be taken by the surgeon. Next, the general health of the patient is to be improved to the maximum; this measure is also essential. In a word, Dr. Vance says that in the case of a patient suffering from stone, with whom it would be reasonably safe—so far as the other bodily organs aside from the bladder are concerned—to perform any capital operation, no surgeon can properly decide against giving him the relief lithotrity affords, until both these measures have been adopted. A moment's glance at the contra-indications of lithotrity show why these steps should be taken. In general terms, stricture of the urethra, hypertrophy of the prostate, atony or paralysis of the bladder, sacculation or carcinomatous degeneration of the vesical walls, villous tumor of the *bas fond*, and renal disease, are the most serious obstacles to lithotrity. By adding to this list multiple calculi, and calculi too large or too hard to be crushed, we embrace all the special contra-indications to this operation. Now, it is a well known fact, that judicious measures can often increase the calibre of the urethra, reduce swelling of the prostate and restore power to the contractile walls of the bladder; in brief, materially modify or completely remove those contra-indications to lithotrity due to the state of the urinary passages, and indirectly influence to an almost equal degree the objections to that operation which arise from the number, resistance and size of the calculi themselves. Therefore, while the measures adopted for the relief of the patient must vary with the special circumstances of the individual case, yet no one should be denied the advantages of lithotrity until a careful study of the phenomena of the given case show that there are contra-indications, which can neither be modified nor removed, fatal to the success of the operation. "Good surgery and the dictates of humanity," continues Dr. Vance, "pronounce in favor of the painless and safe procedure by which the stone is crushed, and reserve for peculiar and exceptional cases the less tedious and more brilliant operation, in which the bladder is cut open and the stone removed at one sitting, as in lithotomy." Reference is then made to the discussion at the Medico-Chirurgical Society of London, reported

in the *Lancet*, of March 16th, 1878, which followed the reading of Sir Henry Thompson's paper presenting an "Analysis of 500 Cases of Stone in the Male Adult." Sir James Paget said that were he recommencing an active surgical practice, he would begin with lithotomy, and reserve for lithotrity only those few cases in which the calculus could be got rid of in two or three sittings. He further announced that he regarded lithotrity as hardly susceptible of additional improvement, and yet its results were often incomplete and unsatisfactory. Even Sir Henry Thompson partook of the prevailing feeling, and stated that in his last one hundred cases he had been drawing the line more closely, and reverting to lithotrity in a larger proportion of cases. With such statements before him, it is not surprising that Van Buren concludes that "the general tone of the discussion was not very favorable to lithotrity," especially when Thompson finally plead for an extension of the line, so as to include cases "where the stone might be crushed at three or, at most, four sittings," beyond which point "he should mostly prefer to cut." No new objections to the operation were urged as grounds for these views. On the contrary, the strongest points against lithotrity were on account of the cystitis "due to the injury done the mucous membrane by sharp fragments of stone and by continued instrumentation," the atony liable to be developed by it in old people, with a continuation of vesical irritability and phosphatic deposits, and the liability to overlook minute fragments, and the consequent unsatisfactory results. With a more complete exposition of the principles upon which is based the modern operation for crushing and removing calcareous matter from the human bladder than we have outlined, taken in connection with the utterances of the eminent surgeons whose names have been mentioned, Dr. Vance inquires if he is not right in thinking that the new issues thus raised are not calculated to do injustice to lithotrity as a surgical operation, and imperil the operation by which the majority of adults suffering from stone are entitled to look for safe and painless relief? Must the body of the profession the world over, he further remarks, be bound by conclusions derived from the practice of a few illustrious surgeons? May not London specialists enjoy a practice not truly representative, and must the profession resign itself to the statement that lithotrity is only applicable to the comparatively limited class of cases in which the calculus can be crushed "in three or, at most, four sittings?" Dr. Vance then answers these questions, by referring to the great prevalence of Bright's disease in Great Britain, and even on our Atlantic seaboard, as compared with the comparative rarity of that affection in the Mississippi Valley, as an element that would alone suffice to impair the value of an analysis based simply on number and fatality of cases. A second, and far more potent influence in the same direction is the fact that notoriously bad cases, and those generally the most neglected, occur among wealthy men, whose means enable them to employ whatever lithotritist they may chance to want.

A New York surgeon takes occasion to refer to this "new departure" in the operative surgery of the bladder, foreshadowed by the paper of Thompson, and inaugurated by the discussion at the Medico-Chirurgical Society, and (Van Buren, in *Record* of September 28, 1878) grants the validity of the objections, but doubts the necessity of recurring to lithotomy as the only remedy, and asks: "Cannot lithotrity be rendered less imperfect?" To this question he responds, that "there is reason to believe that a discovery has been made by an American surgeon which may take away from lithotrity its chiefest objection, and it may prove that, as an operation, it is susceptible of improvement." Van Buren thinks the evidence adduced by Bigelow goes far toward the demonstration of "a tolerance by the bladder of protracted manipulation which has not been hitherto recognized," and publishes cases sustaining the principle announced by Bigelow. Now Dr. Vance, while disposed to accord a certain amount of value to this method of removing calculi in proper cases, doubts the novelty of Bigelow's proposition, and refers to operations by Civiale and Heurteloup, in which the same principles

are clearly discernible. The author of the editorial in the *Record* of August 16, 1879, gives a good idea of the valuable features in Bigelow's contributions to lithotrity, and traces the growth of the measure from a simple improvement of the appliances for washing the bladder, at a time when he crushed without washing, through his first few operations, in which he both crushed and washed, to the perfection of his plan, and its application to the cases in which he crushed the stone and washed out all the fragments at one operation—lithotrity at a single sitting. Vance claims that Bigelow's plan, instead of being applicable to the vast majority of cases susceptible of relief by lithotrity, is, in fact, applicable to but a small minority of such cases. He furthermore believes that Van Buren's question, "Cannot lithotrity be rendered less imperfect?" is not to be answered in the manner that surgeon imagines. On the contrary, it is by the careful study of individual cases, and the judicious application of certain principles deduced therefrom, that the usefulness of that procedure is to be extended, and lithotrity rendered a painless and successful operation. While Bigelow's plan may do in cases where the stone is small and soft, the bladder free from inflammation, and the passages healthy, yet the patients suffering from stone who present this combination of favorable circumstances are but seldom met with. On the contrary, even if the stone is neither large nor hard, yet the bladder may be involved, the prostate enlarged, the urethra contracted or rendered unduly sensitive; and some complication of this kind is present in the vast majority of cases. In view of this fact Vance claims that the improvement of lithotrity depends upon a combination of many circumstances, and the adoption of measures which may vary with different cases. In order to develop to the utmost its applicability, and render it available for the relief of the largest number of sufferers from stone in the bladder, it is essential that—

1. Preliminary treatment should be adopted every case, for the purpose of—

(*a*) Improving the patient's general health;

(*b*) Removing genito-urinary complications; and

(*c*) Recording the patient's temperature, and determining his susceptibility to remedial agents, especially those which act upon the bladder.

2. In this way the surgeon is supplied with a chart by which to guide his steps during the operation, and furnished means to control vesical irritability, or subdue inflammation, should such complications arise, while

3. The temperature record furnishes him an invaluable guide to the frequency, extent and duration of the crushings.

Two other points—the study of the operation so as to develop its capabilities to the utmost, and the accumulation of experience on the part of the individual operator—were mentioned in this paper, but not dwelt upon to any extent. The three headings above quoted include the points interesting to both surgeon and patient. If a careful attention to the patient's general health, and special measures for the relief of genito-urinary complications, tend to remove a sufferer from stone in the bladder out of a class for which the relief that surgery affords is a dangerous and desperately painful procedure, and into one susceptible of cure by measures that are free from danger and devoid of pain, then, surely, too much attention cannot be devoted to these subjects. Furthermore, if, in addition, a record of the patient's temperature (taken in the rectum every six hours), and a determination of his susceptibility to remedial agents, especially those acting on the bladder, supply the surgeon with a chart, as it were, by which he can guide himself during the critical stages of the operation, and check the earliest manifestations of vesical irritability, or local inflammation, it is hard for one to estimate correctly the influence these simple measures will exert over the future of lithotrity. Finally, if to its other advantages, as a prognostic and therapeutic guide in lithotrity, the thermometer enables the operator to regulate to the best advantage the duration, extent and frequency of the crushings, we can readily believe that the future of patients suffer-

ing from stone will be far more advantageously affected by modifications such as are portrayed by Vance in the paper to which we have been referring, than will ever be brought about by the more radical, and seemingly more popular, measures of the day.

Notes and Comments.

Therapeutical Notes.

CHRYSOPHANIC ACID IN SYPHILIS.

Dr. Reumont, of Aix la Chappelle, recommends this acid in obstinate syphilides of the face and hands. He takes—

℞. Chrysophanic acid, 1 to 2 parts
Ung. petrolei, 10 parts. M.

Sig.—Apply once every day or two days.

It is especially valuable in psoriasis syphilitica. Of course, specific internal treatment is continued.

GYNOCARDIA OIL IN SKIN DISEASE.

The chaulmoogra oil, from the *Gynocardia odorata*, is attracting increased attention for its effect in leprous cases. The following formula has been suggested by Mr. J. Moss as a good and economical one for this ointment:—

℞. Oil gynocardia, 2 parts
Paraffin, 1 "
Ozokerine, 5 " M.

The dose of the powdered seeds is about six grains, and of the oil itself three or four grains may be given. The present price of the oil in London is about ten shillings per pound.

SASSAFRAS OIL IN RHUS POISONING.

A correspondent of the *Druggist's Circular* states that a severe case of poisoning from *Rhus toxicodendron* was successfully treated with an infusion of the bark of the root of sassafras. The person poisoned had eaten the leaves of the rhus, mistaking them for the Virginia creeper, *Ampelopsis quinquefolia*, and, in consequence, severely suffered internally. The patient was bathed with the infusion, and was also made to drink freely of it. From the small number of remedies applicable for an internal poisoning of the kind, the above is of interest.

SUGGESTIONS ON DIPHTHERIA.

A writer in the Boston *Journal of Chemistry* gives the treatment of diphtheria of Dr. Herff, of Hillsboro, Ill., which he qualifies as "eminently successful." It consisted substantially of an emetic (pulv. ipecac. and cupri sulph., equal parts, proportioned to age), followed by—

℞. Potass. chlor., ℥ ij
Syr. rub. idæi, ℥ ij
Aq. pur., ad ℥ vj,

both used as a gargle and administered internally.

Prof. Mosler, of Greifswald (*Berl. Klin. Wochenschrift*, No. 21, 1879), strongly advocates the use of protracted inhalations of the oil distilled from the leaves of Eucalyptus amygdalina and globulus, to arrest the local mischief in diphtheria of the pharynx. He asserts that all the cases in this category which he has so treated have recovered, though admitting that there are "fulminating" cases of diphtheria, in certain epidemics, which resist all treatment.

Quinine for Hypodermic Use.

The following is the preparation preferred in the Hamburg General Hospital:—

℞. Quiniæ muriatis, 20 parts
Acidi muriatici 12 "
Ureæ, 3 "

The salt thus formed is soluble in equal parts of water, and hence large doses can be given by the hypodermic syringe.

The quantity of this 50 per cent. solution injected varied from a half to three syringefuls. The local irritation consequent on the injection was in most cases very slight, and at most consisted in a circumscribed burning pain (which was soon relieved by cold Goulard water), without redness or swelling. Doses of a gram produced in men scarcely any subjective sensations, and the noises in the ear complained of by women and children soon disappeared. The anti-febrile effects were evident and certain, intermittents disappearing after the second or third injection. This form of administration seems especially indicated (1) in those sensitive persons who have an invincible objection to taking quinine by the mouth; (2) when gastric affections coexist; (3) in children; and (4) in hospital and pauper practice, as a much smaller quantity of quinine is required than when it is administered internally.

The Poison of the Toad.

The common garden toad is well known to secrete an acrid and irritating fluid in the large warts on its back; but that this ever produces fatal results has not been believed. Nevertheless, the London *Medical Record* reports the case of a child, of six years old, following a large toad on a hot summer's day, throwing stones at it. Suddenly he felt that the animal had spurted some moisture into his eye. There then set in a slight pain and spasmodic twitching of the slightly injected eye, and two hours after coma,

wavering sight, desire to bite, a dread of food and drink, constipation, abundant urine, great agitation, manifested themselves, followed on the sixth day by sickness, apathy, and a kind of stupor, but with regular pulse. Some days later, having become comparatively quiet, the boy left his bed; his eyes injected, the skin dry, the pulse free from fever. He howled and behaved himself like a madman, sank into imbecility and speechlessness, from which condition he never rallied.

Curare in Hydrophobia.

Dr. Offenburg, of Munster, has lately treated with curare a woman who had been bitten by a mad dog. He did not confine himself to the usual small doses, but injected about two decigrams of curare under her skin in the course of five hours. The patient was in a terrible state, and seemed on the point of being suffocated when the injections were made. After the first injection the convulsion ceased suddenly. This was owing to the power which curare has of paralyzing motion. After a short pause, however, the convulsions began again, and several additional injections had to be made. At last the effects of the curare became so powerful that the patient was in danger of dying of paralysis of the heart and the respiratory muscles, and could only be saved by artificial respiration. She then fell into a state of exhaustion and weakness, from which she recovered after a time, and became quite well.

The Frequency of Conception in Prostitutes.

At a recent discussion of the St. Louis Medical Society, Dr. McPheeters expressed the opinion that prostitutes more frequently conceive than is supposed; and the explanation of its apparent infrequency is that in plying their vocation, after conception, from excessive and promiscuous coition, and in the use of vaginal enemata, and other causes, the ovum passes off at the subsequent menstruation, under the head of menorrhagia.

Dr. Hurt expressed the belief that the explanation made by Dr. McPheeters is the correct one in many instances, but from observations he thought prostitutes are not as susceptible of conception as virtuous females are, for the reason that excessive indulgence and the liability to infectious diseases usually bring about a condition of the canal of the cervix uteri that is calculated to be obstructive to conception. Although the uterus and ovaries may be active, the catamenial periods may be regular, the ovaries may be healthy, yet there is a catarrhal condition of the cervix that is calculated to prevent the ingress of the spermatozoa, and consequently to obstruct the process of fœtation or conception.

In a similar way Dr. Thomas Kennard denied that these women become pregnant and abort so frequently as Dr. McPheeters thinks, and considered his position proven by the remarkable exemption from serious illness among the better class of them, and the good health that most of them enjoy, in spite of the depressing and damaging effect that we would suppose their degraded mode of living would have upon their constitutional vigor.

Periodicity of Malarial Disease.

In a work recently published at Leipzig, entitled *Die Gesundheitsverhaltnisse des Marschlandes*, Dr. Dose shows, from a study of nearly 7000 cases of malarial fever, extending over about a quarter of a century, that in addition to the well-known seasonal variations of that class of diseases, there are other undulations of the line of frequency, each embracing about a five years' period. The observations were made about the southern shores of the Baltic Sea, near Meldorf, by Dr. Michaelsen, a country practitioner.

It would be very interesting to have such a study repeated in this country; and as we have pointed out on a previous occasion, this very large and important class of fevers can only be studied to advantage away from cities, and hence it is to *country practitioners* we must look for the work.

The Poison of Typhoid Fever.

It is needless to say that the nature of the poison which gives rise to typhoid is a vexed and uncertain question. There is an able discussion on the etiology of the disease, by Dr. Robert King, in a late number of the *Medical Times and Gazette*. He winds up rather a long lecture with these words:—

"I am inclined to think that it is not only possible, but even probable, firstly, that the poison of typhoid fever is a soluble, and perhaps volatile body, formed on the ammonia type by the decomposition of albuminous matter derived from inflamed intestine; that it may be, in fact, a sort of animal alkaloid; and, secondly, that in the case to which I have specially directed your attention to-day the poison was most likely generated *de novo* in my own house drain, during the putrefaction of the albuminous stools already

mentioned. I think also that, owing in a great measure to the obstruction existing at the point of junction of this drain with the main sewer, the gaseous products of the decomposition were prevented from escaping into the sewer, and ascending the soil-pipe, were absorbed by the water, which, as I have already indicated, was undoubtedly the medium through which the poison was conveyed." This is not exactly sewer gas, but it is close to it. Dr. King suggests that physicians residing in the country are better situated to study this problem than those in the city, as their cases are more isolated.

Correspondence.

On Salicylic Acid.

Ed. Med. and Surg. Reporter:—

Much has recently appeared in medical periodicals on the alleged almost marvelous powers of salicylic acid.

The accounts that have been given from time to time of its efficacy in the treatment of inflammatory rheumatic fever partake, to a considerable extent, of the marvelous, one writer claiming that during his experience with the drug, in the treatment of over forty cases, the disease did not extend over as many *days* as it formerly did weeks under other methods of treatment. And another that to say it excelled all other methods of treatment would be giving it scanty praise. And in the January number of the *Medical News and Library*, 1878, is given the report of a case complicated with pericarditis and bronchopneumonia, that was relieved (when the patient was apparently dying) by the salicylate of soda, after a fair trial of the alkaline treatment. In the St. Louis *Clinical Record* its value as an external application in burns and scalds is presented, and according to the statements made it meets every indication the physician could desire in the treatment of these distressing accidents. Also, in the treatment of pityriasis capitis it is of great value. Dr. Otto, of St. Petersburg, has found an inhalation of a two per cent. solution of the drug to be an effectual remedy in pertussis. Two different writers in the Medical and Surgical Reporter discovered, almost simultaneously, that in the treatment of malarious fevers salicylic acid possessed great tonic and antiperiodic properties, and some controversy occurred as to their respective claims to priority. But notwithstanding the fact that the price of the salts of Peruvian bark was at the time alarmingly high, it was unaffected by the discovery, except that it continued to advance, at a rate more gratifying to Powers & Weightman than to the great army of Shakers. An injection of a solution of the acid in dysentery has been found to relieve the distressing symptoms of that complaint, and to establish convalescence with gratifying celerity. In the *British Medical Journal*, of recent date, a writer claims to have used it for the last three years with "unvarying success," in the treatment of both mild and severe cases of scarlet fever and diphtheria. Its virtues in typhoid fever have also been set forth with equal vigor. Its wonderful utility in restoring the hair in alopecia was set forth extravagantly in an article I read not long since.

The profession have not, however, been a unit in this unqualified endorsement of its merits. Dr. C. T. Jewett found that a patient to whom he had administered the drug for some time was no longer able to obtain an erection of the penis, and this power was only restored after the remedy had been discontinued some time. A veterinary surgeon put himself on large doses of acid for the cure of rheumatism, and although he did not claim that it prevented stiffness of the joints, it did prevent stiffness in other localities to such an extent that the unfortunate man had no erection for the space of three months. A writer in the *British Medical Journal* stated last summer that fifteen grains *of the pure acid*, used as a snuff daily, would cure hay fever; and a physician in Kentucky innocently duplicated the prescription for one of his patients, who was not copper-lined, with the most unpleasant results. Injury of the teeth and necrosis of the tibia have been ascribed to its use, and the charge is apparently sustained by the fact that the urine is loaded with the calcareous salts of bone when the influence of the drug is obtained.

Dr. Charles H. Hall, of Macon, Ga., claims, in a January number of the *Medical and Surgical Reporter*, 1878, the honor of immortalizing an African by its use. "While undue conservatism is not a virtue," yet still it is a significant fact that the testimony of those men who would be considered authoritative as to the medicinal value of any new drug is generally the last obtained. Alfred Stillé states in his last work, the *National Dispensatory*, that if salicylic acid and its compounds are curative of any disease it is rheumatism; and in a clinical lecture of recent date says that he is personally unacquainted with the effect of the drug in this disease, and has thus far not even been tempted to employ it.

That it is necessary that we should experiment to a certain extent, in order to determine the effect of new remedies, is true, but we should ever bear in mind, while so doing, that the position of the pioneer physician is more enviable than that of the pioneer patient.

Utah, Illinois. Livy Hatchitt, M.D.

Sulphurous Acid as a Disinfectant.

Ed. Med. and Surg. Reporter:—

From my observations and experiments with different chemicals, I find that sulphurous acid will destroy all animaculæ and fermentation if it can be brought in contact with it. It is evident that the disinfectants used on the U. S. steamer "Plymouth" did not have the desired effect of destroying the germ or virus on board of that vessel. I think the reason is very plain why it did not. There was bilge water in the hold of the vessel, and the fumigation for two days, with one hundred pounds of sulphur, was not sufficient to acidulate the water in the hold of the ship, to destroy the germ or virus.

The medical inspectors of the United States Navy, W. T. Hound, T. W. Leach and Charles H. Burbank, say: "We made a careful and thorough inspection of every part of the ship ("Plymouth"), personally, visiting cabin, ward-room, steerage, berth deck, sick bay, store room, shaft alley and bilge, and found them all in a very cleanly condition and free from all offensive odors. The bedding and clothing were aired while we were on board, and appeared to have been well cared for. On the berth deck, from abreast the galley aft, we found very many of the knees, ends of cross timbers, and large portions of the inner planking, in a badly damaged condition. Officers and crew were apparently in excellent health. A few men ill with trifling diseases, and one convalescing from yellow fever, formed the sick list."

The damaged timbers and the bilge water are the places where the disease germ would seek a hiding place. Covered with water and moisture, the fumes of sulphur could not reach the poison. The vessel was in Boston harbor several weeks during last winter, and the weather was very cold, so much so that buckets of water froze on board of the ship. After all the fumigating, cleaning and freezing, as the medical inspectors assert, the vessel was refitted and put to sea during the first days of last March, and after having arrived in the tropics a gale came up, rendering it necessary to close the hatches of the vessel; the motion of the ship in the gale stirred up the bilge water and set the disease germ free in the ship, and the men imbibed the poison by being confined in the infected air of the ship, and hence the breaking out of the disease—yellow fever.

I am of the opinion that if the bilge water and the rotten timbers had been thoroughly saturated with sulphurous acid, there would not have been a return of the fever on board of the Plymouth. My examination and experiments with the microscope on bacteria taken from the vomited matter of a man who was suffering from a malignant malarial fever, during the few warm days of last March, show that it contained great numbers of them, very active, when the temperature was above 90° Fahrenheit. I cut slips out of the shirt that the patient vomited on, and put them in warm water, the water having been previously boiled, in order to destroy any animalculæ that it might contain. After standing a short time I examined the water under the microscope, and found it alive with bacteria.

I tried several chemicals in the water, in order to ascertain what would destroy the life of bacteria. I am happy to say that sulphurous acid and the temperature of boiling water had the desired effect. I have three specimens in my office, corked in vials, which I have kept since the ninth day of last March. I have examined the specimens often since that time, under the microscope, and in the two specimens that contained no sulphurous acid the number has increased threefold; in the specimens to which I added sulphurous acid not one can be found alive.

I have examined these specimens often since that time, during cold weather, and found them motionless, but by holding the vial containing them in the hand, or next to the body, until the vial was warm, and then examining them, the microscope showed very active movements.

Evansville, Ind. W. S. Ross, M.D.

News and Miscellany.

International Quarantine.

At a meeting lately held in London, Eng., of the Association for the Reform and Codification of the Law of Nations, Sir Sherston Baker, Bart., read a paper on International Rules of Quarantine, containing a number of excellent suggestions, which he presented in the form of forty articles. The following brief outline of his suggestions refers to the plague, yellow fever, and cholera: An "international bill of health" to be granted by the local authority of the port of departure to every vessel, and to be delivered up by the vessel at the ultimate port of destination. This bill to be *viséd* at the port of departure by the consul representing the port of destination, in such terms as he shall think fit. A similar *visé* to be required at every port touched at, both from the local authority and from the consul representing the port of destination. This bill of health to be accepted in all ports of the high contracting parties. A foul bill of health, or a case of disease, past or present, on board, or the fact of any port having become infected within a limited time after the departure of a vessel from it, to authorize the local authority of the port of arrival to place the arriving or touching vessel in quarantine, according to a certain scale, containing a maximum and a minimum period of quarantine; it being optional to every State to adopt any period within those limits. Every State to preserve its own municipal quarantine system, except on such points as may nullify or contradict these articles. Measures of disinfection for passengers, crew, and cargo to be required, but in every case to be left to the municipal regulations to supply the details. Lazarets and hospital ships to be provided in sufficient number, and to be regulated according to the best sanitary principles, but again the details to be left to the municipal authority. To avoid the necessity of placing a whole State in quarantine, especially where a State comprises distant colonial possessions, each country to be divided by its own government into territorial divisions, to be termed quarantine "centres." Each State to engage to guard rigidly against any infected "centre," and to place the same in quarantine.

Hypodermic Injection of Morphia.

Dr. H. H. Kane, of New York City, who has for some time past been collecting statistics on the hypodermic injection of morphia, would consider it a great favor if members of the profession who see this, and have had experience with the instrument, will answer the following questions:—

1. What is your usual dose?
2. Do you use it alone or with atropia?
3. What is the largest amount you have ever administered?

4. Have you had inflammation or abscess at the point of puncture?

5. Have you had any deaths or accidents caused by this instrument?

6. Do you know of any cases of opium habit thus contracted?

Where there has been an autopsy (5) please state the fact and the results obtained therefrom. All communications will be considered strictly confidential, the writer's name being used only when he gives his full consent thereto. Address all letters to Dr. H. H. Kane, 366 Bleecker street, New York.

Medical Missionaries.

Dr. J. Kevoe Kian, of Chicago, contradicts the report that young Turkish students sent to America to receive an education qualifying them for missionary work, aim instead at learning medicine, so as to be able to go home and practice profitably. The Turks, the Doctor says, have been sent here for a religious education, though "there are a few young Armenians, members of missionary churches, who, seeing the need of medical men among their people, have come to this country to obtain instruction. The missionaries themselves often speak of this need, and the older missionaries have encouraged these young men in their effort. Three or four of them have studied both medicine and theology, a few only medicine. They have returned to Turkey, and are now laboring as Christian physicians, and are producing an impression which is highly honorable both to their brethren and to this country."

The Cultivation of Cinchona.

In striking contrast to our government, the ruling powers of Holland, England and France have taken the greatest interest in making themselves wholly independent of other nations for their supplies of the cinchona alkaloids and bark. In India the English, in Siam the French, and in Java the Dutch, have appropriated large sums to introduce the best cinchona seeds and establish large nurseries. A cinchona plantation is found to be as good as a gold mine. The net profits of those in Java are about $70.00 per hectare (not quite 2½ acres), and with proper care the plantation will increase in value every year, at a rate greater than the interest of its cost. The Java bark yields from seven to nine per cent. of quinine. It is the *Cinchona calisaya ledgeriana*, and is worth nearly double the best South American bark.

Mortality of Cities.

The following are the death rates of some large cities: It appears that Alexandria heads the list, with a mortality of 41 per 1000. After the Egyptian capital comes Breslau, with a death-rate of 41; then Buda Pesth, with 39; New York, 36; St. Petersburg, 35; Berlin and Bombay, 33; Naples, 32; Munich, 31; Brooklyn, 30; Dresden and Madras, 29; the lowest being the Hague, with a death rate of 17 per 1000.

Pharmaceutical Preparations.

THE LOWER ALKALOIDS OF BARK.

It may be taken for granted that, in this country, more attention will have to be paid to the other alkaloids of bark than quinine. We have at various times called attention to "cinchoquinine" as an efficient substitute. Dr. Henry Gibbons, of San Francisco, speaks of it very favorably in his "Notes of Hospital and Private Practice." It is prepared by Billings, Clapp & Co., Boston. In this city the firm of Keasbey & Mattison prepare "dextro-quinine," which Dr. Gibbons mentions as "a very active agent." As these substitutes can be bought for much less than quinine sulphates, their value is evident.

Items.

—Portugal has issued a decree, establishing quarantine against the State of New York and the State of New Jersey. The decree is based on "official information and the report of the Consulting Board of Public Health." The effect of this quarantine is reported by the United States consul at Lisbon to be very oppressive to American vessels entering the ports of Portugal.

—Three medical celebrities met together to consult, at the sick bed of General X. After they go, the General rings for his man-servant: Well, Jacques, you showed those gentlemen out: what did they say?" "Ah, General, they seemed to differ with each other; the big fat one said that they must have a little patience, and at the autopsy—whatever that may be—they would find out what the matter was."

—Some experiments have been made by Dr. B. Joy Jeffries, of Boston, to detect the existence of color blindness among the employes of railroad and steamboat companies. Dr. Jeffries has recently examined some of the employees of the Boston and Lowell Railroad, and his report to the company states that out of ninety-four employes constantly called upon to distinguish lights by their color, two were color-blind and eighteen were below the visual standard.

—An ingenious device is mentioned in the *Veterinary Journal*, by which horses given to biting, rearing, kicking, etc., are rendered inoffensive, and submit peaceably to be groomed and harnessed. To obtain this result a weak current of electricity is passed into the mouth of the horse each time it becomes restive; the will of the animal seems almost annihilated. The current is produced by a small induction machine, the wires of which communicate with the bit of the bridle. In the case of resistance by the horse, the driver has merely to push a button, when a current passes immediately, and the animal becomes docile. The employment of electricity is said to produce a sort of uneasiness or torpor, rather than pain, and is much less barbarous than many taming methods hitherto adopted, such as those which depend on weakening by deprivation of food, or fatigue, etc.

DEATH.

FINLEY.—At his residence, in Philadelphia, September 8th, Dr. Clement A. Finley, ex-Surgeon General of the United States Army, in the 82d year of his age.

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Communications.

ON ATMOSPHERIC THERAPEUTICS.

BY T. S. SOZINSKEY, M.D., PH.D.,

Of Philadelphia.

In that fragmentary work of Bacon, "New Atlantis," in which, after the manner of More's "Utopia," features of an ideal State are described, it is said: "We have certain chambers, which we call chambers of health, where we qualify the air as we think good and proper for the cure of divers diseases and the preservation of health." These words embody an important idea, which has not been as yet duly appreciated, which two hundred and fifty years have not sufficed to properly develop and carry into application. There are plenty of hospitals, but really no "chambers of health;" these have still to come; and such institutions have in them, I believe, the promise of great usefulness to suffering humanity.

Everybody knows that the presence of air is absolutely essential to life; that in absence of a due supply of it death speedily ensues. This being granted, the question arises, whether or not the state as well as the supply of the air is of vital importance. As I have fully shown in articles published in this journal, the atmospheric variations of a seasonal nature have much to do with the mortality as a whole; and that the relation between such and other changes in the air and many diseases is very intimate, I hope to show in the future. It is a familiar fact that air which contains much carbonic acid cannot be breathed without immediately disastrous results, and sulphureted hydrogen and other gases are quite as injurious. But after making full allowance for the effects of these and all agents, including electricity, which may be present in more or less abundance in the air, one must turn to the temperature, humidity, pressure, and light or sunshine, in which to discover the leading causes of the variations in the death-rate at different seasons of the year at any place. Of course, if it be granted that a relation between the state of the atmosphere and the death-rate can be easily traced, it follows that a relation between it and the sickness-rate exists. This relation is doubtless still more apparent than the other, but I need only refer to it here. Then, there is every reason to believe that the variation in the death-rates of different places is largely due to a difference in the state of the air, or, in other words, to climatic differences. This is so obvious that I will not dwell on it.

Now, if the state of the atmosphere, as regards temperature, humidity, pressure and light, is potent in causing disease and death, in spite of the ordinary efforts that are made to counteract it, the question arises, Is it not possible to completely control it? Well, it must be acknowledged that on a large scale it is impossible to control it in any essential respect, at least immediately. Gradual change of climate, through extensive agricultural and other operations, can be induced, but of this it is not to my purpose to speak. On a small scale, however, it is possible, and not very difficult either, to regulate the state of the air at pleasure, excepting, perhaps, in the matter of pressure. In a house or close inclosure of any size, the temperature, humidity and light, at any rate, can be

easily modified; these can be raised or lowered to any reasonable degree.

Seeing, then, that it is possible to modify, in nearly every respect and to almost any degree, the state of the atmosphere, on a scale sufficiently large, it is certainly a little surprising that no "chambers of health" have been established for "the preservation of health." Why is it that there is not in the whole country a single establishment where the air is regulated throughout the year with scientific precision? Hundreds of young lives might be saved every year, in any of our large cities, if there were halls at hand with air properly reduced in temperature, in which delicate children could be kept for a few weeks, or it may be days, in the heat of summer.

But it is of "chambers of health" for "the cure of divers diseases," that I especially desire to speak. These are still more important than ones for "the preservation of health." When disease is present, the state of the air should be considered as a matter of the utmost concern: for it may greatly influence the patient's condition for good or ill. That comparatively little attention is given to it is only too apparent to any one who pays a visit to any of the leading hospitals. Considerable care is taken to keep the air free from extraneous matters, through ventilation and otherwise, but little more is done excepting in winter, when it is heated. In summer it is not cooled, and at no time is any particular attention given to its humidity. I am not aware that a hygrometer is used in any hospital in Philadelphia. And yet Dr. Edward Smith feels justified in saying, in his book on "Health," that "health, and even life, depend upon this quality of dryness or moisture of the atmosphere which is breathed or which surrounds us." Here I may remark that what is commonly called the atmosphere might be more properly called the atmospheres; for there is no union between the oxygen and the nitrogen or the moisture, or between any two elements present. The old idea that water is supported by "adhering to air," as Franklin expresses it, has been obsolete since Dalton promulgated, in his "Meteorological Observations and Essays" (1793), the true doctrine, namely, that it, as well as all elastic fluids and gases, is independent and self-supporting. We live in an atmosphere of aqueous vapor, which varies constantly in density. As Espy has pointed out, this is the great regulator of heat, the element which regulates the temperature. And it exerts control over the temperature of living organisms as well as the air. How this is so I may briefly explain. Well, just as the relative humidity is high or low, so will the moisture that is in the body tend to evaporate slowly or quickly; and as every one probably knows, the evaporation of water requires a great deal of heat. In this way heat is always being abstracted from the system; for evaporation is going on constantly, from its entire surface, and also from the lungs. The air which issues from the lungs is always heavily loaded with moisture, always of a relative humidity, according to Espy and other meteorologists, of between ninety and ninety-five. In this connection it must be remembered that the tension or pressure of the aqueous vapor atmosphere, as well as the relative humidity, exercises an influence over the temperature of the body. Thus, when the actual amount of vapor in the air breathed is small, and the relative humidity is low, which is often the case in cold weather, not only does this vapor and the accompanying air absorb heat from the blood, but a large amount of additional vapor being required to highly saturate the inspired air, a corresponding amount of heat must be abstracted. The amount of heat drawn from the system in this way may be imagined when it is borne in mind that the capacity of air for moisture is more than quadrupled through a rise of temperature from the freezing point (32°) to 80°, a point considerably below that of expired air at all times. Living in a cold, dry atmosphere is stimulating for a while, but exhaustion speedily comes on, unless counteracted by nutritive activity. The consumption of oxygen and other chemical changes are involved, heat promoting them and cold retarding them.

But bad as it is, that scarcely any attempt is made in institutions devoted to sanatory purposes to regulate the state of the air, generally, it is worse that little or nothing is done to modify it to suit each patient, according to his disease and its stage. Persons of age and temperament the most diverse, and with diseases entirely unlike, are put in the same ward, in the best of hospitals. Beside a patient with a raging fever may be seen another that is convalescent, or one in the acute stage of inflammation of the lungs, side by side with one recovering from that serious disease. Is this as it should be? Is the practice not to a degree as irrational, not to say criminal, as it would be to put all on the same diet and medicine? It certainly seems a little absurd to administer medicinal agents with no great certainty of getting the desired results from them, while the immersing medium, so to speak, is for the most part entirely neglected. The air is in a sense a

composite bath, and its state should be regulated in like manner. The physicians of antiquity were more advanced in this regard than we are to-day. Thus, in speaking of the treatment of phrenitis, Aretæus says: "The patient should be placed in a house of moderate size and mild temperature; in a warm situation in winter, and in one that is cool and humid in summer; in spring and autumn to be regulated according to the season." One looks in vain for so explicit directions in our modern works on practical medicine.

Of course, no one will understand me to mean that the physician can or should rely on aerial medication alone in the treatment of any disease; I do not wish to do more than place it among the most useful resources of his art.

A very important bearing of the state of the air in the treatment of disease may be referred to, and that is, its modifying influence on the effects of medicines. It is patent to common sense that a change in the forces which act on the organism from without, which antagonize those that are acting within, must increase or diminish, or otherwise affect, the action of any agent administered. This is a familiar fact to the habitual users of stimulants, and in all cases the difference between the effects of any medicinal substance, say when the air is warm and moist and when it is cold and dry, must be very considerable. Here is a matter which receives little or no attention, a field of observation to which therapeutists seem to be oblivious to a lamentable degree. Careful study in this direction would assuredly tend to the advancement of the science and art of healing.

Ever since the study of the chemical composition of the atmosphere began to be pursued with success there have been loud proclamations of the discovery of infallible means of curing disease. When the nature of oxygen was demonstrated, there were, and, indeed, still are, persons of the belief that with it nearly all diseases might be successfully combated. It cannot be denied but that it is an agent which plays a vital part in the animal economy, and it is, I believe, a powerful, and when properly administered in suitable cases, an excellent remedy; but it is by no means a cure-all. Proper ventilation insures the presence of very nearly the normal proportion of it in the air at all times and everywhere. Ozone, too, which is not a constant, and consequently not, properly speaking, a normal constituent of the air, is extolled by quacks as a remedy of sovereign virtue in manifold ailments. It has stimulating properties, but it is as an aerial purifier that it is of much interest to the physician. It certainly might be utilized in hospital wards and elsewhere to great advantage. Both it and oxygen might be added to the air of any apartment, just the same as moisture, and under many circumstances, doubtless, to good purpose.

What is called the climatic treatment of disease, which has been assuming more and more importance ever since the publication of Sir James Clark's book on "The Sanative Influence of Climate" (1841), is similar in principle to the treatment under consideration; but notwithstanding modern facilities for traveling, it is far more difficult to carry it out. One advantage of moving to a different place of abode is that the influence of a lesser or greater degree of pressure can be brought to bear on the system, and another is the change of scene, which is often very beneficial.

Special modifications of the air for sanatory purposes have been recommended from time to time, for a long while, in fact, from the days of Hippocrates. Sydenham made use of cold air in the treatment of smallpox, and from its value in that disease was led to advise it in all fevers, in the presence of great morbid activity. It is not a little amusing to read, in a periodical for the present month, that a German *savant* has just discovered this method of treatment. This expedient is, of course, somewhat similar in principle to the application of cold water in the treatment of fevers, which has been so much practiced of late; the immediate effect of either is to reduce the temperature and in turn the excessive vital activity, of which it is the result. To the philosophical as well as practical physician last named should be largely ascribed the credit of introducing the use of cold in these diseases. This is generally overlooked by modern writers. In Dr. Hosack's "Practice of Physic," published fifty years ago, the subject is ably discussed, including the cold water treatment of yellow fever. But it should not be forgotten that the ancients knew a great deal about the medical uses of water. Hippocrates recommended the bath in various forms in sundry diseases, and Pliny tells us that it was to the Roman common people a sort of panacea.

Vapor, hot air and sun baths are being used more and more for numerous diseases. Through them it is possible to at once produce profound changes, more or less permanent in character, on the system. Of medicated vapor and hot air baths, matters which are beyond my province, I may remark that the effects of the vapor and heat are generally overlooked in summing up the

results from them, and of the administration of medicines by inhalation a similar remark applies. In this way it is easy to make the mistake of according to a thing virtues which it does not possess. Students of medical history will remember how that eccentric but popular physician, Dr. Thomas Beddoes, dwells, in his "Observations on a Modified Atmosphere in Consumptive Cases" (1801), on the virtues of "a heated atmosphere impregnated with the exhalations of the cow-house." Of this curious treatment he remarks, "I have long been in the habit of recommending it." Among the patients treated by him in this way, was Mrs. Finch, the daughter of Dr. Priestly. There is something in this "cure" which recalls the method spoken of in the Middle Ages as being one of the most infallible for insuring perpetual youth, namely, to live constantly in the air respired by a company of girls.

In London, some time ago, the establishment of an extensive institution for the prevention and cure of disease through the regulation of the state of the air was agitated, but, I think, nothing came of it. In St. George's Hall, in Liverpool, washed air, that is warmed in winter and cooled in summer, is mechanically injected. When it is thought proper the degree of humidity is lessened through absorbents and increased through a steam jet. Several years ago an article entitled "Life Under Glass" appeared in the *Atlantic Monthly*, written by Mr. Geo. A. Shove, and which later (1874) was enlarged and placed before the public in book form, in which the erection and maintenance of a building for sanatory purposes were advocated. The scheme suggested was similar to the London one just referred to, and did not partake of the "blue glass" principle of procedure, which has no scientific standing as yet. In one of the hospitals of New York city there is a sort of hygienic hall, in which convalescents are placed to bring them under the influence of the sunshine. It is located under the glass-covered roof, and some attention is paid to the condition of the air as well as the light.

From these brief notes it will be apparent to the reader that the time is approaching when the scientific regulation of the state of the air with a view to the prevention and cure of disease will be systematically practiced. The measure being possible, and having in it flattering possibilities, it is to be hoped that it will be introduced soon, and extensively, too.

In conclusion, I would ask all physicians who are in possession of any facts as to the effects of different degrees of temperature, humidity, etc., of the air, on any disease at its various stages, to be kind enough to communicate with me. In this way I hope to gain much practical information, which I will embody in the studies of the relation of the meteorology to individual diseases, on which I am engaged.

2210 *Fairmount avenue.*

CLINICAL STUDIES OF INEBRIETY—HINTS OF THE PATHOLOGY.

BY T. D. CROTHERS, M.D.,
Superintendent of Walnut Hill, Hartford, Ct.

The pathology of inebriety has never been clearly studied. The very excellent papers of Drs. Burr and Parrish were largely preliminary, opening up the way for other observers, and suggesting what would require long years of observation to confirm. Some English and French writers have hinted at many different theories, but in the absence of correct data, these have only served as corner stones for enthusiastic writers to build speculations, either for or against the question of disease.

Of late, Dr. G. M. Beard, of New York, has pointed out many pathological phases of inebriety in connection with other diseases, particularly in his studies of neurasthenia, which indicate a vast chain of hidden forces, culminating in inebriety, guided by laws as certain as those which govern any other disease.

Dr. Jewell, of Chicago, in a valuable lecture entitled, "On Certain Forms of Morbid Sensibility" (published in the American Clinical Lectures, volume II), has suggested clearly many conditions of the nervous system which precede inebriety, notably seen in the cases we have studied in previous numbers of the REPORTER.

We present some of these facts, with their signification, which are worthy of a more extended study.

Inebriates have always a defective condition of brain and nerve organization, either inherited or acquired.

There is also present a lesion of nutrition, consisting of a loss of balance between the waste and repair going on in the system.

The waste is not repaired, either from want of rest or proper nutritive materials.

In one case the constant excitement and strain upon the nerves are not repaired by sleep from day to day; the tension is kept up without relief or rest.

When the nutritive materials are wanting, in

both quality and quantity, the blood is poor, and lacks in building-up material; when this passes a certain limit the nerves suffer, and make it manifest in various forms of neurosis.

This loss of proper balance of the nerve force is frequently inherited. Children of inebriates and those of nearly all forms of mental disease have this entailment. It is one of the most prominent marks of the sins of the fathers visited on the second and third generation.

This may also come from actual disease, direct, as from alcohol in continuous or toxical doses, and indirect, as the result of some diseased conditions, such as acute fevers, that are rapidly wasting, etc.

In some of these cases there is present a morbid restlessness of the nervous system, a tendency to exhaust itself by seeking excitement, and centres of great mental activity, with no regard to the effects on the body. They seem to be laboring under a kind of delirium of both mental and physical activity, manifest in a constant desire to be moving about, and disinclination to rest any length of time, with intense pleasure in excitement, either of labor or amusement.

In these cases nervous exhaustion is always present, and also the tendency to alcoholism.

In other cases there is from the first a reckless disregard of nutrition and the purpose and object of eating. The greatest irregularities in both quality and quantity of food is an every day experience; the result is an impoverished body and nervous system, always wanting in vigor and integrity of action.

When these conditions are the result of alcohol, or the entailments of disease, the loss of brain and nerve power, with the general failure of the higher nerve centres, and capacity for endurance, etc., will be apparent in any ordinary observation.

It is a fact worth noting, that in all the cases of exhaustion traced to inheritance and alcohol, there is present a want of consciousness of the real danger; they never seem to realize the loss of power, and have no sense of the danger and difficulty of restoration. With this exhaustion come delusions and mental perversions; also great instability of both brain and physical force.

The seat of this disturbance is evidently in the nerve centres, and is either a condition of paralysis or exalted sensibility. In one case the capacity for receiving or giving impressions is diminished, and the mental action following is defective and irregular, the wants of the system are never realized, and when they are, the action is disproportionate, and the coördination is irregular and uncertain. For instance, the demands for food and rest, to relieve this condition, will bear no comparison to the actual wants.

In the other case, of exalted sensibility, there is present an unstable, sensitive condition, which responds to every impression, reflex or direct, and may be noted in all forms of neuralgia and functional nervous disturbance.

This condition is often psychical and cannot be clearly defined, but always gives way to rest and improved nutrition.

Alcohol taken to intoxication, in nearly all cases, is the exciting cause of these varied conditions of nerve exhaustion. The toxic action of this drug may either paralyze these nerve centres, controlling nutrition, breaking up the coördinating power of repair, or may develop a constant tendency to exhaustion, from increased sensibility and irritability to every impression.

There can be no question that inebriety springs from disturbances in the nutrition of the system, dating from the first toxic action of alcohol.

The following case is given as a supplement to many others which have been published in the REPORTER:—

J., aged twenty-four, a lawyer, in good health, temperate and of healthy parentage, was intoxicated for the first time, on brandy. He recovered and was strictly temperate from this time on, for five years, when he began to drink, for some imaginary disorder, and soon became an inebriate. A careful study of his history revealed the fact that he had complained of weariness and inability to endure severe mental labor, his memory was not as good, and he was more nervous and excitable, and he had a capricious appetite and temper, all of which grew steadily worse. He attributed these symptoms to a fall he received at the time of intoxication; his friends affirmed the fall to be of a very trifling character, and in no way to account for the symptoms which followed.

Here there was evidently a profound disturbance of the nerve centres presiding over or regulating the repair and waste of the system. The food taken after this event did not build up as formerly, and the rest and repair of the nerves was imperfect.

Dr. Beard has pointed out many conditions of general nervous exhaustion (denominated neurasthenia), which are often present in inebriety, generally before the use of alcohol is noticed, and always after. It seems to follow the destructive metamorphosis of alcohol in all cases, although not generally recognized.

Conditions of neurasthenia following inebriety

are sometimes manifest in painful emotional states, exalted fears and alarm at imaginary evils, dread of sudden death or loss of property, insult of friends, treachery and ingratitude of family, etc. These conditions may be driven away by alcohol, and are often of the nature of delusions, which the patient in part realizes, and resorts to alcohol to quell; or they follow the action of alcohol on the brain, from which the patient is more or less oblivious after.

Not unfrequently a painful susceptibility to sound and light is present, both before and after inebriety is developed. This is prominent in conditions of excessive nervousness, seen in those of a decided neurotic tendency, often subject to marked exacerbations, in many cases owing to the weather and conditions of surrounding. As in mania and dementia, changes of character and habits are often noticed, always after inebriety has been developed, and in some cases before. These are hints of nerve exhaustion and debility. Psychical depression and conditions of melancholy, which apparently have no clear and positive cause, come and go with more or less uncertainty.

After inebriety has developed, a confusing combination of motor, psychical, and sensory symptoms appear, from a careful study suggesting the region of the brain most affected, opening up many problems of cerebral localizations, which are to be determined by future pathological studies.

The study of the etiology of inebriety is constantly confirming these hints of its pathology.

The following typical cases are presented as indicating the vastness of the field upon which there is little or no literature:—

Inebriety from Nervous Strain and Exhaustion.

A lawyer, aged 34 years; temperate, and of healthy ancestry, living a very quiet life, was unexpectedly elected to a responsible office. He worked with great energy, and was subject to severe mental strain and excitement. After an attack of fever, which seemed to be more from exhaustion than any specific cause, he began to drink freely, and a few months later was turned out of office for inebriety. From his wife it was ascertained that for months before this attack of fever he would work far into the night, and only sleep three or four hours, usually eating with great irregularity. This resulted in profound exhaustion of the nervous system, which found in alcohol a relief. The mental strain and want of sleep were the exciting causes, and the alcohol taken precipitated this condition, and developed both perversions and degenerations of the nerve centres.

Inebriety from Bad Nutrition.

A merchant, aged 29 years, of healthy, temperate living, became a convert to the doctrine that all disease originated in over eating. Accordingly he began to neglect to eat at proper times and places. For days he would eat but once, and often then of food wanting in quality. A year later he began to use beer and crackers, and finally found wine and brandy to be most agreeable. From this to the excessive use of alcohol was but a step, and he was sent to an inebriate asylum, a chronic inebriate and much debilitated, a year after.

The impoverished system, suffering from excessive waste and imperfect repair, manifested itself in conditions of depression, which demanded relief. When alcohol meets this condition the craving is almost irresistible, and inebriety follows as a necessity.

Inebriety from Want of Rest.

A mechanic, of thirty-five years of age, perfectly temperate and in good health, became a night watchman in a large factory, and worked half of the day in addition, for over a year. He became anæmic and complained of persistent neuralgia and dyspepsia. For this he found relief in bitters. Then beer and alcoholic compounds were used, and finally he drank regularly, and to intoxication. He was brought to an inebriate asylum, and after a year's rest regained perfect command over himself, and is now doing well, and a sober, healthy man.

Continuous loss of sleep and proper rest, to both nervous and physical system, developed into inebriety most naturally.

These cases are not uncommon, but are rarely traced to any physical condition, and they illustrate clearly the intimate relation between general nervous and physical exhaustion and inebriety.

In our experience the exhaustion from want of rest and mental strain is the most common cause of inebriety. The use of alcohol in all cases rapidly causes this, with other conditions of degeneration. The nutrition and building up of the body is also interfered with.

From these facts the following general conclusions may be summarized:—

1. Pathologically, in most cases of inebriety there is present a defective condition of brain and nerve organization.

2. This condition is often a lesion of nutrition, consisting of a loss of balance between the waste and repair going on in the system.

3. Every condition which interferes with the

proper repair and rest of the body predisposes to this disorder. The use of alcohol in such cases is always attended with more or less danger.

TYMPANITES, METEORISM OR FLATULENCY.

BY G. W. GARRISON, M.D.,
Of Utica, Ohio.

Read before the Licking Co., Ohio, Medical Society, at its regular Meeting.

The three words above given are all of similar signification, but they are names applied in our text books to a functional or organic derangement of the alimentary tube. Speaking pathologically, we most generally find no diseased condition of any of the mucous follicles or any structural change going on in the primæ viæ. In fact, when flatulency occurs, we regard it most generally as a symptom or sequence of some other morbid action, or else from a hypersecretion from the mucous follicles of the intestines, or the result of certain ingesta causing gas to be thrown off within the alimentary tube. Some of the diseases which this troublesome annoyance seems to accompany are typhoid fever, dysentery, and various irritable nervous affections, etc. While these are only a few of the ailments in which we may have tympanites to contend with, I wish more particularly to call attention to the fact that in some acute diseases of but a few days' or weeks' duration we will find gas accumulating within the bowels, and by neglecting to notice it, and prescribe in time, from its constant pressure, the bowel will become over-distended, and even rupture, in case there should be ulceration, as there oftentimes is in typhoid conditions or dysenteries, etc. Hence, the importance of relieving as speedily as possible such an uncomfortable, as well as hurtful agency going on in the system. You all have, doubtless, examined many cases where the abdominal walls were distended, and heard the patients complain of such a pressure or fullness, as though they would burst; it matters but little what disease your patient is laboring under, there is one thing certain, you must be very careful to relieve as speedily as possible the meteorism, or else you will be of meagre help, to say the least, in remedying any other pathological condition. If this flatulency is not promptly attended to you will soon have more on your hands than you thought of, in the way of complications multiplied; for instance, nervous irritation, supplanted by brain and spinal congestion, and various other things that time and space will not justify to enumerate, but your patient will pass from your hands into that of the undertakers, whose votaries you should try, by all possible means, not to enhance. Promptness and quick perception should characterize all of our professional undertakings, and relieving the little things as we go along, pass nothing by with a glancing or indifferent look, but search for the root of the disease, and then apply the remedy in time.

It might be well to say, in this connection, whenever you see such complications arising, instruct your patient and nurse the importance of passing the wind off and preventing its accumulation, if possible. Hence, the great desideratum at this particular juncture is to forbid visitors seeing the patient, as they may be suffering great inconvenience, as well as running considerable risk, in withholding the escape of gas from the bowels. So it is also important, should your patient be a female, to have none but her sex in the room; and the same is true of males, unless in either case it should be the wife or husband. I would not insist that the patient should strain or make any rude exertion to pass wind, but if it requires only a slight exertion to obtain the desired purpose it should be enjoined.

Treatment.—In the management of tympanites intestinalis two objects are indicated: First, evacuation of the gas, and secondly, the prevention of its re-accumulation. The first proposition has been met by passing a tube up the rectum beyond the sigmoid flexure. A male rubber catheter will answer the purpose if you have nothing else. There are cases, however, this will not relieve, more particularly those suffering from obstinate constipation, or from gas within the small intestines. By administering a cathartic, with some turpentine in it, and a carminative, a great quantity of gas will pass off; then the most feasible plan to put into practice is to bandage the bowels with a good strong cloth bandage, snugly applied from the ensiform cartilage to the crest of the ileum, to be tightened when it becomes loosened. You might use topical application to the bowels before applying the bandage, such as equal parts of camphor, hog's lard and turpentine, and over this oiled silk, and then the bandage. The philosophy of this treatment is apparent at once; you support the muscular walls of the intestine, and exert a uniform pressure upon the gaseous accumulation, causing the wind to pass off by its natural channel, and prevent rupturing the bowels, in case of ulceration or paralysis, from over-distention. In a number of instances you will cause the bowels to move when laxatives and cathartics have

failed; at least this has been my experience. Again, in distention of the bowels of children, when they are suffering with diarrhœa or greenish stools, and the bowels become tympanitic, a nicely adjusted flannel bandage, reaching from the chest to the pelvis, is a great relief to these little sufferers. I venture the assertion, whenever you resort to the bandage in cases of meteorism, your patient will have it continued right along, because of its support and the relief obtained.

Secondly. To remedy this gaseous secretion or fermentation going on in the intestines, we must regulate the patient's diet. Forbid fruits, and allow but little, if any, farinaceous food. Use nitrogenous diet, with milk, eggs, oysters, etc., and medicinally such carminatives and laxatives as suit the case.

I might add more to this production, but as I believe brevity is the spice and life of all such assemblies, I will bring my paper to a close by saying what led me to write upon this subject more particularly was the great relief I have given patients suffering with flatus by bandaging the bowels.

Hospital Reports.

GOOD SAMARITAN HOSPITAL, CINCINNATI.

CLINIC OF JAS. T. WHITTAKER, M.D.,

Professor of Theory and Practice of Medicine, Medical College of Ohio.

REPORTED BY A. H. KELCH.

Yellow Fever.

GENTLEMEN:—I bring before you to-day a case of yellow fever. It is the last of a series of cases imported from Memphis, all the rest of which have fortunately recovered and left the house. We have had the opportunity of seeing these cases this year, because of the early flight of the inhabitants from infected cities. Our cases all came to us in the stage of incubation. None of them even thought themselves sick until after their arrival. The house physician, Dr. Kelsey, will read us the history of this case.

History.—Georgie N., aged 8 years; English; father living; mother dead, of phthisis. Resided in Memphis up to the outbreak of the epidemic of yellow fever. She left home perfectly well, with the remaining members of the family—father and four sisters (three of whom have since had yellow fever), reaching Cincinnati July 21st. Six days after reaching the city she was attacked with high fever, on the third day of which she was sent by the health officer from a hotel to the hospital.

She is a delicate child, pale and prostrated by the disease; a general yellowish tint manifests itself with the pallor. She vomits everything given to her, and has great tenderness over the stomach. She does not answer questions put to her; is pseudo-somnolent and apathetic. The bowels are loose. The temperature 103°.

You will observe, gentlemen, in this short story, nothing peculiar nor pathognomonic of any one disease. The sudden fever, the profound prostration, the vomiting and epigastric tenderness, are symptoms common to all the infectious diseases. Two quite characteristic symptoms of all these diseases, and especially of this one, do not seem to have been present in any marked degree, viz., the frontal and lumbar pain. But even if they had been present, they could not have been more marked than in cases of variola. The icteroid hue of the skin, which has given the name to the disease in every land and language, is not peculiar to yellow fever. Three of our cases never had it at all. It occurs just as markedly in bad cases of typhus, in malarial fevers and septic diseases. It occurs in all these diseases, because dependent upon the same cause—upon dissolution of the red corpuscles and liberation of the hematine. That is, the jaundice is hematogenous. It has long since been known to be not hepatogenous, because the stools show no deficiency of bile. They are not clay colored, nor do autopsies reveal in yellow fever closure of the bile ducts nor other cause of retention.

So yellow fever is one of the acute infectious diseases, marked by poisoning and more or less destruction of the blood.

Before we proceed with the clinical study of this case, I repeat to you that we have this case here simply because it was brought here. That is, yellow fever does not, and never did, arise in Cincinnati. Nor does yellow fever develop anywhere, originally, in our country. This disease is indigenous to the West Indies, where the natural conditions for its life continually exist. The first ones are imported to us, for the most part, at our southern ports, and at these places the disease may live over seasons and years, until subjected to sufficient cold. Then it dies out and must be reimported anew. Now, although the cold of last winter was sufficiently intense to have killed the germs of the disease nearly everywhere in our country, we have melancholy proof of their survival in Memphis, throughout the whole of the winter, in its reappearance this present year. A uniform temperature of at least 72° F. is necessary to the life of the germ of yellow fever, but even when the season may be much colder than that, the materials containing the germs of the disease may escape exposure to it, and it thus survives over years.

We do not hesitate to take these cases into our wards, because this form of infectious disease is not contagious. No instance is on record where the disease was contracted from the body of a patient sick of it. We say of this disease, therefore, that, although intensely infectious, it is not contagious. That is, the germs of the disease do not multiply in the body, and are not irradiated from it to others. Yellow fever is, in this region, like malaria and cerebro-spinal meningitis. It is

a miasmatic and not a contagious disease. The germs causative of it are in the air; they attach themselves to things and not to persons. Baggage, bedding and bilge-water are the favorite habitats of yellow fever germs. They do not enter the blood, or at least if they do, they do not remain in it, as such. They produce in it changes, and these changes produce certain symptoms, to which we give the name yellow fever. We will, therefore, never find in the blood, in the black vomit, or in any of the juices or discharges of a body sick with it, anything peculiar to the disease—any microscopic parasites, for instance. We do not look to find them, any more than we would look to find splinters in the blood of a man who had been struck with a club. Hence, a miasmatic is very different from a contagious disease. In some forms of infectious disease we have already found, and in others we expect to find, in the body, characteristic germs. Germs which multiply in the body are given off from the body in the exhalations from the skin, as in the exanthemata; in the discharges, as in typhoid fever, dysentery and cholera; these are the contagious diseases proper. But yellow fever does not belong to this class. The germs are not given off from the body, because they are not in it.

One other point of interest deserves mention, because of the general misunderstanding regarding it. We do not owe our immunity to yellow fever on account of our elevation above the level of the sea. You may have seen it stated that yellow fever does not ascend higher than four hundred feet. Now, if this were true we should have nothing to fear, for that is the level upon which we stand, our suburbs being about two hundred feet higher still. But the truth is, yellow fever has climbed to a height of ten times four hundred feet, viz.: four thousand feet above the level of the sea. Newcastle, Jamaica, is about four thousand feet high, and here the disease has prevailed epidemically. Yellow fever will spread wherever it is carried, provided it finds a congenial temperature. We owe our escape, not to elevation, but to quarantine, and not to quarantine extended to persons, but to things.

We have had in the case of this little girl all the prominent symptoms of yellow fever save one. Fever we have had, with all its concomitants; we have had a heavy-coated tongue, nausea and vomiting, tenderness of the stomach, and a yellowish hue of the skin and mucous membranes. Then we have had also, a most essential point in differential diagnosis, absence of any enlargement of the spleen. You observe now that the splenic region is covered by gastric tympanites, and neither before nor behind, above nor below, do we elicit splenic dullness. Enlargement of the spleen attends most of the forms of infectious disease, notably typhoid and malarial fevers, but is absent, as a rule, in yellow fever. The symptom that has made itself conspicuous by its absence, is the black vomit. The white vomit (of mucus) and the yellow vomit (of bile) we have had in this, and in all our cases, but in none were the attacks so grave as to lead to paralysis of the vessels and such complete dissolution of the blood as to permit the escape of it into the viscera. Black vomit (blood) is a fatal sign. It is true, that Alvarenga reports forty recoveries out of one hundred and seventy-eight cases of black vomit observed by him in the great epidemic of Lisbon, but no one before nor since has made this observation. Louis saw it absent in fatal cases, treated at Gibraltar, in only a single case. But it is true that many cases die in the so-called fontage forms before the period of black vomit, and before even the period of discoloration of the skin. These patients die from the direct effects of the poisoned blood upon the nervous system, die as they die after the ingestion or introduction of a virulent chemical or animal poison into the stomach or blood.

Were it not for the fact of the prevalence of an epidemic we should often be led astray in differential diagnosis. Even the presence of albumen in the urine, a very constant sign in bad cases, absent in the patient before us, would not help us much, for such albuminuria is also common to all the grave forms of infectious disease. Fortunately, we have in the thermometric range most valuable and quite characteristic proofs of the form with which we have to deal. The typical temperature of each form of acute infectious disease is peculiar to itself alone. Yellow fever forms no exception to the rule. I show you upon the board the range observed in this case. Unfortunately we lack the records of the first two days. We are informed, however, that the temperature of the second day was as high as 106°. This is a characteristic elevation. The temperature is highest on the second day of the disease, and the height which it here attains gives us some indication of the gravity of the case. On the third day had already begun the second characteristic feature, viz.: the remission. By the fourth day the temperature fell to 101°. Then ensued the exacerbation, the column went up to 105°, to be followed by a sharp descent, with a critical sweat, to nearly the normal grade, where it usually remains. But this child was exceedingly delicate, as is, indeed, plainly visible still. Here is now written in plain characters the struggle which ensued. Eighteen days had passed away before the temperature finally fell to the normal degree, and then the fair prospect of recovery became suddenly marred by a congestion of the lungs, a threatening pneumonia, as evidenced by the sudden rise of temperature to 103°, which was fortunately aborted, however, by a round dose of the bromide of quinia. Since this time we have had to deal with the tedious convalescence that mars even a milder than average case of the disease.

The treatment of this case has been *nil* throughout; cracked ice, milk and lime water, some koumiss, wine whey and ice cream have been the only remedies, excepting an occasional dose of the infusion of digitalis when the urine was unusually scant. The crop of furuncles still present upon the face and extremities appeared also in two other cases in the house. They are looked upon as favorable signs, like the herpes of pneumonia, and are not pathognomonic in any way, of even acute infectious disease, to say nothing of its form.

Medical Societies.

McCALL'S FERRY UNION MEDICAL ASSOCIATION.

Reported for the Medical and Surgical Reporter, by W. N. Baynton, M.D.

The "McCall's Ferry Union Medical Association" is an organization intended to meet the social requirements of physicians, and in which purely professional matters are to a great extent excluded.

This Association owes its origin to the desire of the Lancaster Co. Medical Society to bring together, at some convenient point, the physicians of the remoter districts of the county, and also those of the surrounding counties, for mutual benefit and improvement, and the incidents of its origin, concisely stated, are as follows: Some certain advantages would be secured by a social and non-professional assemblage of the physicians of the lower Susquehanna Valley, which are not presented in a strictly professional meeting, or in the meetings of the several county societies, and it was, therefore, suggested that an invitation from the Lancaster County Medical Society be extended to the physicians of the above-mentioned region, to hold a union meeting at McCall's Ferry, which suggestion was acted upon, and the meeting took place Sept. 4th, 1878.

Representatives, about sixty in number, were present from Cumberland, Dauphin, Franklin, Lancaster and York counties; from Philadelphia, and from Cecil and Harford counties, Md. The meeting was a success in every particular, and the visitors were loud in their praises of the peculiarly wild beauty of the valley and river.

Under the supervision of Mr. Elias Fry, the proprietor of the hotel at McCall's Ferry, and his "gude" wife, an excellent repast was served, and ample justice was done to that part of the proceedings.

The election of officers for the ensuing year (1879) resulted as follows: President, Dr. Alex. Craig, of Columbia; Secretary, Dr. S. S. Rouse, of York; Executive Committee and Committee of Arrangements, Drs. Orth, Montgomery, Dale, Hanna and Deaver.

Then, after having had "a feast of reason and a flow of soul," the Association adjourned to meet at the same place on Aug. 28th, 1879.

The second annual meeting was duly held at the appointed time and place, and in point of numbers largely exceeded the first meeting, as about one hundred and forty persons were present; a goodly number of these were the wives and families of physicians, and invited guests. Chester, Delaware and Lebanon counties were represented, in addition to the delegates from the counties already named.

An informal reception was held in the parlors of the Fry Mansion in the morning, and a hearty welcome was extended to all by the President, who advised them to make the most of the day's opportunities, to throw off all cold and formal rules of etiquette, and enjoy themselves as one medical family; after which they dispersed for the time, to stroll about the places of interest in the neighborhood, some to use the rod and line, some to gather ferns and mosses, some to amuse themselves over games of different kinds, while others gathered in little knots to form new acquaintances, renew old associations, or discuss matters scientific.

At about twelve o'clock the large party sat down to one of Fry's excellent dinners, and after the banquet was finished the various modes of recreation were resumed until the hour of 3 P.M., when the whole assemblage again gathered in the large upper room of Fry's new building, to hold the formal meeting of the day. The exercises opened with the address of the President, whose remarks, though brief, were timely and beautiful. Next in order came the proposing of toasts, which were responded to in an exceedingly happy manner. Dr. W. S. Roland, of York, answered to "Our Meeting" in an exceedingly happy manner, which we would like to give entire, but space forbids. Dr. J. L. Ziegler, of Mount Joy (President of Lancaster County Medical Society), in his usual gallant style, eulogized "Our Friends, the Ladies," closing his remarks with a protest against the education of ladies as physicians. He advised that one of the best ways to keep them out of the profession was for the unmarried doctors to marry them as soon as they showed a weakness for the profession. He thought that any unmarried physician present who could not at next year's reunion bring along his wife, or present his credentials as "duly engaged," ought to forfeit his membership in the Association. The toast, "Our Fraternal Union," was happily responded to by Dr. W. Stump Forwood, of Darlington, Md., who gave his experience in the building up of the county society of which he is a member. "Our Invited Guests," were humorously and eloquently accounted for by one of them, Rev. John McCoy, of Columbia, who, though not yet a doctor (of divinity), is "hale fellow well met." Dr. Robert Bromwell, of Port Deposit, Md., responded to "Maryland, My Maryland," in a courteous and patriotic address, expressing his sincere pleasure at the hospitalities experienced from their Pennsylvania brethren by those who came thither from beyond the Dixie line. Dr. John L. Atlee, Sr., of Lancaster, responded to "Our Sires," giving short biographical sketches of those physicians who flourished before the great majority of those present were born. Dr. S. B. Kieffer, of Carlisle, spoke, in the felicitous style which always characterizes his public addresses, on "Pennsylvania, the Old Keystone," and concluded his remarks by reciting, in his inimitable manner, the story of "Hans Breitman's Party." Dr. A. Sheller, of Mount Joy, pronounced a most sweeping anathema against tobacco, and its use in any form, and thus ended the literary exercises of the day.

After the toasts the necessary business of the Association was transacted, and the following names presented as the officers elect for the ensuing year: President, Dr. John L. Atlee; Vice Presidents, Drs. Robert Bromwell and H. L. Orth; Secretary and Treasurer, Dr. S. J. Rouse. An Executive Committee will be appointed and announced hereafter.

The next meeting of the Association will be held in Lancaster, and it is probable that the

title will be changed to "The Medical Association of the Lower Susquehanna Valley."

Altogether the day was one of unalloyed pleasure, and will be remembered gratefully by those who participated therein, and we hope that each successive reunion may exceed its predecessor in pleasure and profit, and that the praiseworthy objects aimed at by these earnest men may be fully realized.

Editorial Department.

Periscope.

The Thermo-cautery and Therm-antidote.

In the *Transactions* of the Medical and Chirurgical Faculty of Md., Dr. H. P. C. Wilson has an article on the use of the thermo-cautery. He says—

We have succeeded in devising an instrument which will thoroughly protect the vagina, and all the soft parts about the vulva, from the evil effects of heat in the use of Paquelin's cautery. In operations with this instrument in any deep cavity (as the rectum, mouth, and abdomen), all the parts adjacent to the point of operation will be perfectly safe against the injurious effects of heat.

This instrument, for want of a better name, we shall call the Thermantidote, in contradistinction to the thermo-cauter. It is a hollow cylinder, of sufficient size to allow the shafts of Paquelin's knives to slip easily into it. It is made of German silver, 5¼ inches in length. On its upper surface, for its whole length, is a fenestrum of one-fourth of an inch. This fenestrum is necessary to allow the insertion of a curved knife. He adds the following rules as cautions in its use:—

1. The benzine bottle should never be more than two-thirds full. If too full, the slightest tilt of the bottle would cause the benzine to flow down the tube attached to the cauter; and patient, operator and assistants might be set on fire. Or a little extra air forced into the bottle when too full might lift the benzine into the tube by atmospheric pressure, and cause the same accident.

2. The benzine bottle should never be hung to the operator's clothing, or placed in his pocket. If so attached to his person, he, in the act of bending forward, might tilt the bottle, so as to cause a like accident, although very little benzine was in use.

3. The benzine bottle should be held *securely*, in the left hand of a trained assistant, and the rubber bag for heating the knife in the right hand of the same assistant. This assistant, under no circumstances, should be allowed to leave his post for any other work. His only duty is to take care of the benzine, and watch closely the point of the knife, so as to keep it at the proper temperature.

4. The blade of the knife should never be heated too hot. A dull red heat is best, and this redness should never extend above one-third the blade.

5. If the knife is too hot, we cut no better, lose more blood, and are in danger of bending and injuring the blade, and of burning up the platinum gauze within the blade, thus rendering the knife worthless. This latter accident has once happened to me.

6. When we are done using a knife, it should be heated a little extra hot, and while so, quickly separated from the wooden handle. By doing so, no carbon deposit will take place in the knife, and it will be in perfect order for future use.

7. Because of the injudicious heating of the knife, and destruction of the platinum gauze, or clogging of the same with carbonaceous deposit, we are sometimes unable to heat the knife to the operating point. This is very embarrassing, and can be avoided by a little care on the part of the assistant.

8. Every case of Paquelin's thermo-cautery should contain a small metallic brush, with which to cleanse the blade of all burning tissue which adheres to it, with each incision. This clogging of the blade impedes its proper heating. The duty of an assistant is to remove such tissue as it accumulates.

9. In all operations with the thermo-cautery within the vagina four assistants are essential; one to give chloroform, one to work the cautery, one to hand instruments and hold the knife, when the operator desires to be relieved of it, and a fourth to hold Sim's speculum—the only one fit for use in all uterine surgery.

The Treatment of Excitement.

At the close of an article on the treatment of nervous and mental excitement of various kinds, Dr. J. A. Campbell gives, in the *Lancet*, a summary, as follows:—

That in excitement sedative treatment during the day is at times necessary, to render patients manageable. I, however, think that when used for any length of time the patient remains somewhat longer in a stupid or mentally clouded state after the excitement passes off.

That in acutely excited patients, where exercise does not cause sleep at night, it is well to induce it artificially, so as to prevent injury to health from exhaustion; but this form of treatment should only be used for short periods.

That I have found chloral a most certain sleep producer, and harmless.

That with excitement and sleeplessness in chronic patients it is at times necessary, for the quiet of an asylum, to give sleep producers, but the necessity may be much diminished by open-air exercise and employment.

That careful, frequently repeated feeding is as

necessary in the treatment of excitement as in that of any other acute and exhausting disease; that its neglect may induce dementia.

That in the vast majority of cases of acute excitement prolonged exercise in the open air does away with the necessity for sedative treatment or the use of sleep producers, and in a great measure obviates recourse to seclusion, but involves extra supervision and more attendants.

That, after a six years' use of bromide of potassium in epilepsy, I am in a position to corroborate the evidence of others as to its efficacy in the treatment of epilepsy, by reducing the number of fits and allaying the irritability almost always concomitant with epilepsy. The arranging the dose to suit the case, and at intervals examining the patient, as in any other form of treatment, must not be overlooked.

That the morning shower bath is an important auxiliary in the treatment of excitement in the young of both sexes.

That in some cases, where excitement appears due to ovarian irritation, blistering over the ovaries appears to do good, and that this subject is worthy of attention.

The Necessity for Cheap Doctors.

In an address published in the *British Medical Journal*, Dr. R. L. Bowles makes some remarks of general applicability. He says—

We are apt to forget, in our wailings for medical reform, that it is by no means the duty of the legislature to take up the cause of the doctors, and to give them various forms of protection; on the contrary, a statesman should, and would, doubtless, as a rule, see it to be his duty to do the greatest good for the greatest numbers; and it is on this ground that I take leave to differ from the general, almost universal, cry of raising the standard of medical education to a uniform height. I do not see what is to happen to the impecunious, the lower class of tradespeople, to the artisans, and to all those laboring but independent classes above the region of the charity seekers and indigent paupers. It is quite clear that our highly educated and aspiring young practitioners who have had the means of spending five or six years at the hospitals and schools in acquiring their medical knowledge will not descend to accept such fees as these classes are able to afford; and consequently they will be driven to consult quacks and prescribing chemists, or to sacrifice their independence by availing themselves of medical charity. Now, to drive such a large section of the community to spend their money outside the pale of the profession is simply to deprive the profession of a very large amount of income which would, if we gave the opportunity, flow naturally into its coffers.

Even in my own experience, there has existed the (what would now be called) old-fashioned apothecary, the very man who, in my opinion, administered in the best possible way to the medical and surgical requirements of that section of society just now referred to. Some of these we have most of us known personally; men who had open surgeries, where man and maid might have a tooth pulled out for a shilling, or a splinter removed, or an abscess opened for a proportionate fee, or where a mother might have some teething powders for her baby, and ask for some liver powders for her little Johnny; where, in short, all people might have their petty ailments dealt with in a satisfactory manner, and in the cheapest and readiest method. These surgeries were similar to the out-patient room of the hospital or dispensary, only the patients retained their independence on retiring, and left something behind them for the doctor to live upon. In some of our manufacturing towns of the north a few still exist. I have in my mind one gentleman who has prescribed literally for hundreds daily, and has his dispensers at hand to make up quickly what is ordered; the shilling, more or even less, is paid for the medicines, and the doctor becomes rich and enjoys a fine country house, with carriages, horses, and their attendant luxuries. Another case, too, I know of in a coal and mining district, where a firm of three partners prescribe in a similar way, and have a clerk to see fair play; a basin stands on the office table, and the pitmen and their families put in what they can afford. These gentlemen are all of high character, and two of them I know to be exceptionally talented both in medical and surgical cases.

It is open to question whether provident dispensaries can ever take the place of the open surgeries; the public does not like to be bound by societies in such a personal matter as health, nor does it feel so independent in its choice of a doctor.

I regret that these valuable men are fast dying out. From their enormous field of observation they became quick sighted in detecting diseases, and had a ready way of dealing with them; and although they could not, perhaps, so profoundly investigate an obscure case, they would often, in the lesser things in physic (which after all form the chief part of our practice), be wiser and more trustworthy than the theoretically and highly educated man of more recent date.

Venereal Warts and their Treatment.

In a work on Skin Diseases, lately published in Germany, Dr. Behrend gives a remarkably good account of venereal warts, and notices the variety first described by Hauck, called subcutaneous or endofollicular wart. These form within the sebaceous gland, obstructing its opening, and hindering the discharge of its secretion. There arises in consequence a whitish-yellow prominence of the size of a barleycorn, from which, when squeezed, there escapes first a little plug of sebum, and then follows the small wart-like growth. Kaposi regards these formations as identical in nature with so-called molluscum contagiosum, and as only differing in form; he proposes the name of molluscum verrucosum for them. In treating venereal warts, Behrend rightly observes that it is not sufficient to remove them by the knife or scissors; to check their tendency to regeneration the base so exposed must be touched with nitrate of silver or liq. ferri perchloridi. He also expresses himself favorably of

savine, used as an ointment, composed of three parts of powdered savine to twenty of glycerine of starch. This is thickly applied night and morning, by means of a brush. But while dealing with the local treatment of these warts, our author entirely omits to notice the most important part of all, viz., the curative treatment by astringent injections of the irritating discharge, which, in the female at least, both causes and maintains them. Without attention to this, all mere local medication affords but temporary relief. And to neglect of this is due a circumstance noted by him, that warts which had existed during pregnancy are apt to recur after parturition.

Iodine to the Os Uteri in Vomiting of Pregnancy.

The following case is reported in the Cincinnati *Lancet and Observer*, by D. M. Wick, M.D., of New Hartford, Iowa:—

On the 23d of last May I was called to see Mrs. H., suffering with excessive vomiting in her first pregnancy, throwing up a black grumous liquid every twenty or thirty minutes. She had been troubled thus some six weeks—four of which she was not able to leave her bed—vomiting quite all the nourishment taken, and consequently was very much emaciated and weak. Believing that her previous physician (who is a very intelligent and successful practitioner) had exhausted the whole list of remedies *per os*, I concluded to try iodine to the os. Using the speculum and a camel-hair brush, I painted the os with tinct. of iodine. In ten or fifteen minutes slight contractions of the womb came on and continued, at intervals, four or five hours. Ordering, for nourishment, beef tea and brandy, administered by the rectum, and to slake the thirst small pieces of ice swallowed entire, I took my leave.

Next day I found, to my great surprise and pleasure, that my patient had vomited but once or twice since the application. She rested well during the night, and in a few days was able to retain in her stomach such nourishment as was given her. She made a rapid recovery and had no more nausea and vomiting.

The Salicylates in Rheumatism.

Dr. John F. Alexander writes to the Louisville *Medical News*—

I have treated a number of cases of acute rheumatism in the last two years with salicylate of soda—which I prefer to the acid, being more pleasant to take—and can conscientiously say that it has done all I expected of it. I always give alkalies with the soda if patients suffer much pain; give Dover's powder every four hours; see that the bowels are freely moved at least every other day. When I use Dover's powder I usually give the two drugs together to an adult—ten grains of soda to six grains of powder every four hours. Now, it might be claimed that the alkalies with Dover's powder would control the disease alone without the soda. So it might if the attack was not a severe one. But I claim for salicylate that it will not only assist in curing the disease, but will mitigate the symptoms to such an extent that the severity of the attack will be arrested; and can say further that since using this remedy I have met with no cardiac disturbance following acute rheumatism, which difficulty I often met prior to its use.

For chronic rheumatism I do not claim much benefit; yet in one case of a young lady of nineteen, who had been troubled with attacks of chronic rheumatism which lasted for several weeks, I was called to see her at the commencement of one of these attacks; and, by giving ten grains of salicylate of soda every four hours, succeeded in arresting the attack in six days. I have also given it in other cases of chronic rheumatism, in which I did not think I derived much benefit.

In conclusion I would say that I do not think salicylate of soda or salicylic acid a specific for acute rheumatism; yet, if the treatment is begun at the proper time, and combine such other remedies as may be indicated, the most satisfactory results may be obtained.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a recent reprint Dr. G. W. H. Kemper, of Muncie, Indiana, describes the affections of the gall bladder which have a tendency to result in cutaneous biliary fistula. The particulars of eleven cases are reported.

——A surgical engine, armed with revolving knives, is described by Dr. H. Goodwillie, of New York City, in a reprint from the *Medical Record*. He has made use of it for the successful removal of adhesions of the soft palate against the pharynx, nearly closing up the naso-pharyngeal passage. It has been successfully used in trephining the antrum, mastoid cells, exposing the superior and inferior dental nerves, opening abscesses, resections of the jaws, removal of epulic growths. Indeed, in many other surgical operations on any part of the body, it can be most efficiently used.

BOOK NOTICES.

Analysis of the Urine, with Special Reference to the Diseases of the Genito-urinary Organs. By K. B. Hoffman and R. Ultzmann. Translated by T. Barton Brune, M.D., and H. Holbrook Curtis, PH.B. New York, D. Appleton & Co., 1879.

This is the same German work which we noticed as translated by Dr. Forscheimer, and published in Cincinnati a few weeks since. It is an unfortunate occurrence for both parties, and some measure should be adopted by translators to avoid this simultaneous work on the same book. It is fair to state that Dr. Brune says in

his Preface that his translation has been made with the assent and under the supervision of Dr. Ultzmann, one of the authors. It also contains several well executed plates, showing the sediments in the urine, which do not appear in the other translation. So far as the respective merits of the translations are concerned, we cannot say much, as the original is not at hand; but in the very first sentence of the introduction there is a palpable error in Dr. Brune's translation. We quote the two translations:—

By Dr. Brune.—"The results of the generally complicated chemical processes upon which depends the basis of animal life, are, on the one hand, the building up of the body, and on the other, the breaking down of the same, both included in the common term, 'retrograde tissue metamorphosis.'"

By Dr. Forscheimer.—"The results of those processes, usually complicated, which go to make up the basis of organic life, are, on the one hand, the building up of the body; on the other, changes which have been collectively termed 'retrograde metamorphosis.'"

Clearly, Dr. Forscheimer's translation is the correct one; and it is also more elegant, for to speak of a basis *depending* on something is an unfortunate selection of words.

Here is another comparison:—

Dr. Brune.—"By his successors in the Arabian school nothing of importance was added, although, particularly in the East, each court had an examiner of urine."

Dr. Forscheimer.—"Otherwise the Arabic physicians did nothing of importance, notwithstanding the presence of an uroscopist at every court throughout the Orient."

Obviously, the latter translation conveys more accurately the author's meaning.

We shall not pursue the comparisons; probably a fair statement would be that Dr. Forscheimer's is the better translation, while Dr. Brune's is the handsomer book.

Clinical Medicine; A Systematic Treatise on the Diagnosis and Treatment of Diseases. By Austin Flint, M.D., etc. Philada., H. C. Lea. 1 vol., 8vo, pp. 795.

The success which for many years has attended the teaching of Dr. Flint puts it beyond doubt that when he writes a book for the student and practitioner, it will be replete with well digested information, carefully presented, and of an instructive character. All this can be said of the work before us. In it he confines his attention to the presentation of the two great practical objects of medical science, diagnosis and treatment. He speaks on these subjects with the erudition of a scholar and the experience of a practicing physician of nearly half a century's observation. We cannot do better than to turn, almost at random, in the volume, and indicate its character by one or two sections.

A little over a page is given to cholera infantum. Under this term, the author says, is included cases of functional diarrhœa, colo-enteritis, and true choleraic affection. As to treatment, the safest is, as a rule, to arrest the affection at once with small and repeated doses of opium by the mouth. The dietetic regimen is also insisted upon.

About three pages are devoted to tapeworms. The author's experience gives the preference to the male fern as a tænicide.

Delirium tremens occupies three pages. The author believes that alcohol, opium, the bromides, digitalis and chloral, are all efficacious, but he does not define in which cases the one or the other is preferable. He thinks half an ounce of the infusion of digitalis will secure all the benefit to be derived from this drug, although as much of the tincture may be given with safety.

On the debated topic of croup and diphtheria the author takes the position that diphtheria is a general disease, an essential fever, which is complicated in a certain proportion of cases by pseudo-membranous laryngitis or croup. He doubts that any specific remedy for diphtheritic fever has yet been discovered, though he inclines to think Dr. Chapman's claims for alcohol are not irrational.

So, also, he introduces pneumonia as an essential fever, of which the pneumonitis is the anatomical characteristic. Antipyretic measures are recommended, but the cold bath is not heartily indorsed. Counter irritation is spoken of as "more than doubtful." The risk in bloodletting, he thinks, has been exaggerated of late years. Moderate stimulation is often serviceable.

These notices will show the scope and extent of the work. The diseases are classified into general and local, according to the usual nosology now in vogue, and there is an introduction of forty pages, on clinical records and reports, the physiognomy of disease, the pulse, thermometry in disease, simulation of disease, hygienic and expectant treatment, etc. The book will not fail to give satisfaction to the purchaser, and will add to the already wide reputation of the author.

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THE CONSTITUTIONAL PROTECTION OF STATE MEDICINE.

A very thoughtful address, full of excellent suggestions, was made to the last meeting of the Louisiana State Medical Society, by Dr. STANFORD E. CHAILLÉ. The subject was "State Medicine and Medical Organization." We hail it as a refreshing indication of the growing appreciation of this, the most important of all the branches of medicine.

The published copy of this address also contains a series of provisions in the interest of State Medicine, recommended for adoption to the Louisiana Constitutional Convention, which assembles this year to frame a new constitution for that State. These provisions were unanimously approved by the State Medical Society, and most of them, if included *and enforced*, would prove of incalculable benefit to the State. Among these provisions are several which are in advance of the appreciation of the age, perhaps, but none which are ahead of its needs. Of the more striking, we may specify the recommendations that the Legislature shall provide for the interests of State Medicine in all its departments; for public hygiene or preventive medicine; for medical education; for institutions for the sick and infirm, and for medical jurisprudence; for the establishment and maintenance of a State Board of Health and Vital Statistics for the whole State, with parish or municipal boards subordinate thereto; for the protection of the people from all contagious and infectious diseases, and from all preventable causes of disease and death; for the protection of the people from unqualified practitioners of medicine, surgery, midwifery, pharmacy and dentistry; for the maintenance of the University of Louisiana, and its three departments of literature, medicine and law; for the protection of confidential communications made by patients to physicians; for preventing the advertisement and sale of all foeticidal drugs or instruments, and of all drugs detrimental to the interests of health and morality; for the adequate compensation of scientific experts in all cases; for the separate trial of criminals alleged to be insane on each issue—first that of insanity—and that adequate time and opportunity shall be given to medical experts to test the question of insanity. No persons shall be allowed to testify as expert witnesses to matters of scientific opinion, except those recognized as competent experts in such matters by their own profession, as organized under the laws of this State. Only qualified practitioners shall be expert witnesses in the courts to medical facts; the legal duties of coroners shall be assigned exclusively to experts in law, and their medical duties exclusively to experts in medicine.

How essential it is to have these provisions incorporated into the fundamental instrument of the existence of the commonwealth is ably shown by Dr. CHAILLÉ in his address. It appears, for example, that there is not a State which has laws encouraging, for sanitary purposes, either drainage or irrigation. Massachusetts, in 1849, effected a sanitary topographical survey, which proved of great value, and a second one was in 1875 instituted by New York; but other States have neglected this important matter; and instead of guiding the immigrants whom they seek

to entice with trustworthy health maps, they supply them with the seductive but false certificates of ignorant residents, who base their worthless convictions on such facts as that they are not dead yet, and that several of them, who, however, never happen to have about them a legal record of the date of their birth, are one hundred and more years old!

Some States have laws to protect property and life from explosive illuminating oils, but in most or all of these States the greed of gain has so emasculated these laws that property is still endangered, while health and life are sacrificed.

We heartily sympathize with the feeling which induces Dr. CHAILLÉ to express himself in the following strong terms:—

"After many years of special study, each additional year has increased my conviction that wherever social order has been firmly secured by law, there the supreme subject of importance is, *the avoidable causes of disease and death, their extent, cost and influence on morality and human progress.* This subject is so exhaustless, so varied in detail, so fruitful to study and discovery, and so little understood by the public, that I confess my impatience whenever a physician discourses to a public audience on any other subject."

NOTES AND COMMENTS.

Therapeutical Notes.

DIGITALIS IN HEART DISEASE.

In the weak heart of elderly persons Dr. Fothergill combines digitalis with chloroform—

℞.	Tinct. digitalis,	♏x	
	Sp. chloroformi,	♏xx	
	Infus. buchu,	℥j.	M.

For one dose.

In conditions of debility, where it has to be taken continuously for months or years at a time, he recommends it in pill form, combined with iron and bitters, as—

℞.	Pulv. digitalis,	ʒj	
	Fer. sulph. exsic.,	ʒij	
	Strychniæ,	gr. ij	
	Pulv. pip. nig.,	ʒij	
	Extr. gent.,	ʒij	M.

For sixty pills. One or two twice daily, after meals.

GLYCERINE IN HEMORRHOIDS.

Dr. William Lee, of Baltimore, calls attention, in a recent report, to the beneficial results of glycerine in the treatment of the troublesome and painful complications accompanying internal hemorrhoids. He states that in six cases of the above named affection he has tried it with most satisfactory results.

The dose of glycerine for these troubles must be small and continued for some time; although its modus operandi is at present not well understood, the action it has upon the rectum seems to be of a specific nature.

ARTIFICIAL KOUMISS.

The following process is given by a correspondent of the *Pharm. Zeitung*:—

Condensed milk,	100 grams
Lactic acid,	1 "
Citric acid,	50 centigrams
Good rum or brandy,	15 grams.

Diluted with water to 1000 or 1500 grams, and charged with carbolic acid.

After standing in a warm room for a few days the mixture will commence to foam.

ACONITE IN PNEUMONIA.

Dr. A. C. F. Rabagliati writes, in the *Practitioner*, August, 1879: It has been my practice, for years, to treat incipient pneumonias, and also other simple inflammations, by aconite, which, however, I have found it convenient to use of one-tenth of the strength of the pharmacopœial tincture, the remaining nine-tenths being rectified spirit. Aconite acts in simple inflammations by combating the reaction of cold, which is commonly, but only by oversight, called inflammation.

The Therapeutical Powers of Fuchsine.

A few years ago the large employment of fuchsine to color wines raised a great noise in France. The chemists said it was a poison, and there was much talk of its evil effects. In a recent memoir, however, on the subject, MM. Bergeron and Clonet conclude that the admixture of fuchsine is perfectly harmless, and even remark that in one case of cardiac albuminuria, where the falsified wine had been employed, the albumen had completely disappeared during its administration. Further experiments by Feltz and Duclos show that fuchsine can be taken in daily doses of eight grams, and that it, therefore, is not a poison. When symptoms of irritation (diarrhœa) do occur, they are due to the small quantities of arsenic which it often contains. Therapeutically, fuchsine is a diuretic, and causes an increased elimination of phosphates. A thesis of M. Divet on "Fuchsine in the Treatment of

Chronic Albuminuria and of Parenchymatous Nephritis" contains an account of sixteen cases, in which marked and rapid benefit was obtained during the administration of this substance. M. Dieulafoy has given an analysis of this thesis, and of four cases treated by him at Menilmontant. Fuschine was given to these patients in doses of fifteen centigrams daily, sometimes alone, sometimes in conjunction with other remedies. The general action was found to be *nil*: no improvement being obtained either in the thoracic, cephalic, or cardiac symptoms (dyspnœa, headache, vertigo, palpitations). Locally, the action of fuschine was uncertain and irregular; it was not diuretic, but sometimes appeared to moderate the desire for frequent micturition.

The Relation of Memory.

The *Medical Press and Circular* gives some entertaining statistics of memory, from M. Delaunay. The inferior races of mankind, such as negroes, the Chinese, etc., have more memory than those of a higher type of civilization. Primitive races which were unacquainted with the art of writing had a wonderful memory, and were for ages in the habit of handing down from one generation to another hymns as voluminous as the Bible. Prompters and professors of declamation know that women have more memory than men. French women will learn a foreign language quicker than their husbands. Youths have more memory than adults. It is well developed in children, attains its maximum about the fourteenth or fifteenth year, and then decreases. Feeble individuals of a lymphatic temperament have more memory than the strong. Students who obtain the prize for memory and recitation chiefly belong to the former class. Parisian students have also less memory than those who come from the provinces. At the *Ecole Normale* and other schools the pupils who have the best memory are not the most intelligent. The memory is more developed among the peasantry than among citizens, and among the clergy than among the laity. The memory remains intact in diseases of the left side of the brain, and is much affected in those of the right, from which it may be inferred that the right side is more the seat of this faculty than the left.

From a physiological point of view memory is diminished by over feeding, by physical exercise, and by education, in this sense, that the illiterate have potentially more memory than those who know how to read and write. We remember, moreover, better in the morning than in the evening, in the summer than in the winter, and better in warm than in cold climates.

Emotional Legislation.

A few years ago a female correspondent wrote to the *Nation* that the "beats" who lead astray the ignorant girls who come to New York city should be hanged; and that cynical paper quoted the letter as illustrating how unqualified the female mind is, as yet, for law making. But there is a stronger example before us. Out in San Francisco is published a "Medico-literary Journal," edited by an M.D. of the female persuasion. In a recent number she mentioned a marriage in that city, in which the bride was thirteen years old, and referred to the clergymen who solemnize such marriages in the following manner:—

"If we could, we would, together with the M.D.'s who have said along the past ages that women mature sooner than men, burn them at the stake, as a man burns his last year's stubble, that he may have a clean field for a new crop. We should quiet our nerves by remembering how calmly these human vampires have aided the sure sacrifice of throngs of unsuspecting young girls, of twelve and fifteen years of age. . . . Yes, we would gladly light the torch that would send the lurid flames to high Heaven, and by the broad glare write in the hearts of an aroused people, Marriage and Motherhood shall be *respected*."

San Francisco is a great place for law making, with its Kearneys and Kallochs and this one.

Statistics of Delirium Tremens.

Dr. Näcke, of Dresden, has published the result of an extensive study of delirium tremens as it occurs in that city. It is rare from the use of wine or beer, and most frequent of all from potato spirits (amyl alcohol). The most common age is thirty-five to forty years. The highest temperature observed was 38.8 C. When the mercury exceeds that, some complication, usually pneumonitis, is present. Albuminuria was found in eighty-two per cent.! This usually disappeared with the disease. The illusions are nearly always those of depression and persecution. About one-third have visions of animals, not only snakes and rats, but large animals, as dogs, lions, etc. The mortality he puts as high as twenty-four per cent., which is a far worse showing than in this country. He also says that the first attack is much the most dangerous, which is contrary to the prevailing opinion. His treatment is full doses of chloral.

The Solar Cautery.

It is curious to observe how many old projects are furbished up and brought out as new, or are re-discovered. In a late number of an Italian journal, the *Gazeta Medico-Italiana*, an Italian physician has much to say of the successful use of the heat of the sun, condensed by a lens, for the destruction of nævi, etc. This supposed discovery has been quoted in the French, English and German journals as something new. More than fifteen years ago it was thoroughly aired in the Medical and Surgical Reporter, and the experience then obtained shows that the suggestion is of no practical value.

Therapeutic Value of the Melia Azedarach.

The handsome tree, so common in Carolina and Georgia, known as the Pride of India or Pride of China, botanically the *Melia Azedarach*, has considerable reputation as an anthelmintic. An examination of it by Mr. J. Jacobs, published in the September number of the *American Journal of Pharmacy*, shows that its active principle is a yellowish-white resin found in the liber of the bark. He thinks a fluid extract or tincture of it would be a valuable addition to the Pharmacopœia. About three grains of the resin may be given to a child of three or four years. The taste is strongly bitter, and in that respect it is at a disadvantage.

Correspondence.

The Causes of Cholera Infantum.

Ed. Med. and Surg. Reporter:—

I read with much interest an article in the Reporter, of August 30th, by Dr. Frank Woodbury, on cholera infantum. The Doctor gives more attention than it deserves, perhaps, to a paper of mine which appeared in the April number of the *Journal of Obstetrics*. This is probably due to the fact that I state my position more positively than more eminent writers who hold the same or similar views. The main object I had in view was to establish the proposition that continued high temperature is, in our climate, the prime or essential cause of cholera infantum.

The careful reader of my paper in the *Journal of Obstetrics* will understand that, as I am dealing with weekly and monthly mortality returns, my means of temperature are weekly and monthly means. A mean "above 75°," though not a very high mean for a single day, is well up for a month or even a week; for instance, a weekly "mean above 75°," is high in Philadelphia, and the week having that mean temperature would be called hot—hot for *weather*. I suggested a pathological kinship between cholera infantum and sunstroke or heat stroke, on the following grounds:—

1st. The same conditions seem to be sufficient for and essential to the development of each. 2d. They come and go together. 3d. The development is gradual and the recovery is slow in each, showing a profound impression made on the living power of the patient. 4th. The explosive character of the attack under the cumulative effects of continued high temperature, with the sudden severe or fatal prostration consequent. A condition of malnutrition or malassimilation is established before the explosion, and persists stubbornly afterward. It would seem that the blood, under the influence of the continued high temperature, is degraded, impaired in some of its vital qualities. A cachectic condition is established, which continually becomes more profound under the persistent operation of the causes which brought it about.

The lines which represent the mortality from each rising and falling together and along with the rise and fall of the thermometer, suggest related causes, and why not related effects? I allow the suggestion to stand for proof or disproof, either of which will be equally gratifying to me; light is more to be desired than championship.

When I quote from the circular of the New York Board of Health, "Wash your well children in cold water twice a day, and oftener in the hot season," I understand cold water to mean hydrant water; this is not cold water for drinking purposes when the thermometer is in the "nineties," but the people to whom it was more especially addressed would probably use hydrant water (not ice water) in carrying out this direction, with very desirable effect on the mortality returns, as regards cholera infantum, as I have good reason to believe and don't hesitate to repeat; let it be proved that this is a mistake: let it be put to the test.

It may be totally impossible to distinguish between cholera infantum and cholera Asiatica when they both prevail, yet few would question but that they are pathologically different, and fewer still would count them etiologically identical. If we may ignore the difference therapeutically, it does not follow at all that prophylactic measures should be the same with reference to each.

Although the thermometer does not reveal a difference between solar and artificial heat, animal and vegetable physiology pronounce them different. The comparison between furnaces, superheated nurseries and animal heat on the one hand, and the weather of midsummer on the other, is amusing, and yet amazing. It may be quite preposterous, from a theoretico-physiological point of view, to assume that a temperature ranging daily between 70° and 95°, continued for a week or more, is sufficient to cause cholera infantum, or any other disease, for that matter, but it is a *fact* that under such conditions, as to temperature, certain diseases *do* appear, and in the absence of this continued high temperature they *do not* appear; and facts must be faced, whether at first sight they look reasonable or not.

Dr. Woodbury says, "Another reason why heat is not the sole cause is given by Eberle, and

is abundantly confirmed by others—that the disease is much more prevalent in our large cities than in the country, where the temperature is equally high, and may be even higher." Further on he says, "Cholera infantum occurs most frequently in cities, *because* its victims are there crowded in greatest numbers. It is not, however, confined to the cities, but encountered, *in all its severity*, in suburban and country residences; this more elaborate statement seems to be brought out by the exigencies of the "ground-water" theory, for the ground waters "do move" in the country as well as in the city.

Now solar heat is a most formidable antagonist for the physician to contend with, it being almost impossible to influence the weather to any great extent; but who can hope to counteract the malign influence of "the movements of the ground water?"

These movements may cause the giving off of impalpable and mysterious effluvia, and they may put the ground in a condition favorable to the taking away of some mysterious health conserving influence from the air. The subject of the influence of "telluric exhalations" and inhalations is hopelessly abstruse, and I would hesitate to say that these influences might not have a hand in the causing or hindering of almost anything under the sun.

The summing up of "the prophylaxis and treatment of cholera infantum," in the simple recommendation to "send the little sufferer to the seashore," is a prescription simple enough for the physician, but utterly impracticable in nineteen out of twenty cases, even in Philadelphia, to say nothing of cities, towns and communities hundreds of miles inland; and besides all this, it is not altogether certain that the "ground water always moveth itself aright," even at the seashore; New York and Brooklyn lose largely by cholera infantum, yet they cannot properly be called inland cities.

I think I can see that the height or "movements of the ground water" might be affected by ten days of continued high temperature, but I cannot conceive that a fall of temperature of a few degrees for a day or two at the end of that time could be expected to cause these waters to be "troubled" in a more healing way; yet there is no doubt but that this fall of temperature would be attended by an improvement in those already sick from cholera infantum, and an immediate falling off in the number of new cases, and also, of course, a falling off in the number of deaths.

T. Clarke Miller, M.D.

Massillon, O., Sept. 10th.

The Bag of Waters as a Dilator in Labor.

Ed. Med. and Surg. Reporter:—

On the 22d of Aug. 1879, I was called in to see Mrs. G. S., in labor; age 19 years, primipara, enceinte 9 months (her full term). Dr. F. had charge of the case, but owing to indisposition was unable to attend further. The Doctor told me that some two weeks previous she had sustained an injury on jumping from an open wagon; after this she was slightly indisposed, and suffered from pains of a uterine character, although kept up and continued quite well, except that she felt no movements of the child in utero from the time of the accident. The Doctor was satisfied that there was no vitality existing in the fœtus, but declined to use any means to bring on delivery, rather trusting to nature, only giving a tonic, consisting of quinine and iron. This prescription she had taken for several days, the Doctor also stating that she was from a malarious district, and that labor had been slow and tedious, and that the presentation was, in his opinion, that of a foot or arm. This opinion, of course, was supported by the projection of the bag of waters conically. So much for the Doctor's history of the case. On touching I found, as the Doctor stated, a considerable conical projection; could not detect, by touch, anything resisting; therefore was forced to the conclusion that we would wait further dilatation, then turn and deliver. This course was agreed to, and the Doctor took his leave. I now perceived that the patient was growing impatient and restless, as well as the nurses (who were three in number); doubtless this was occasioned in part by the change in physicians, as well as non-interference with the case. I must confess that much anxiety on my part awaited the result of the case; in fact, I was looking for trouble ahead, but kept apparently brave, cheered my patient and inspired confidence in the nurses by telling them that all was right so far, that labor had to advance more yet before I could assist her any; I continued doing nothing.

After waiting, however, fully three hours, I took my seat by the bedside, intending to rupture the membranes, thrust in my hand and turn; just as I was ready to act the waters broke. On touching I felt something, but did not know what it was; making traction gently, it came forward, without shape, and a pulpy mass. I was at a loss to know what I held in my hands; on turning aside the cover I found, to my astonishment, that it was the head, the bones of the face and skull being completely broken down and leaving a large saccular mass measuring some fifteen inches flatwise. Now I reached up, pulled down the arm and delivered, the body being a putrid mass also; there was not a particle of hemorrhage; the placenta being adherent I introduced my hand into the uterus, peeled it off and turned out the clots; now I washed out the organ with a strong solution of carbolized water, tepid, and ordered my patient's linen changed and had her removed to a comfortable bed. She now appeared almost exhausted, exhibiting symptoms of blood poisoning, as "coming events cast their shadows before." I began to fortify the system against that much dreaded affection, *septicæmic poison.* I used alcoholic stimulants freely, quinine extravagantly, and alimentation abundantly; these, with the local injections of carbolized washes, continued for several days, doubtless saved my patient from an untimely grave. After a few days elapsed I had the pleasure of meeting the Doctor; he remarked, as he approached me, "you had to turn and deliver." I answered "no." This seemed to puzzle the Doctor; I explained that it was a head presentation, the conical projection being nothing more than a preternatural *caput succedaneum.* And further, in conversation with the Doctor, he expressed himself as

believing that advanced fœtation bore an immunity over a more recent impregnation; this he says has been his experience. If the Doctor is correct in this, what is it due to? is it owing to the membranes, being more mature and remaining intact, holding the waters, thereby preventing the absorption of the debris? And now, reverting to my caption, I hold that the best dilator is the bag of waters, more especially in a primipara; it is always slow, steady and efficient; it proved itself a *sine qua non* in this case, as well as others that I can attest to in its favor.

If the membranes had been ruptured early in this case it would have doubtless necessitated embryotomy; its delay made it an easy and practical delivery. E. W. Rush, M.D.

Paris, Texas, Sept. 10th, 1879.

The Doctor his Own Druggist.

Ed. Med. and Surg. Reporter:—

I am glad to see in your valuable journal the recent discussion on the "crookedness" of physicians and druggists, but I must confess I see but little difference in the grounds taken by yourself and Dr. Lyon.

No one, I presume, denies to the country physician the right to dispense and charge for the medicines necessary in his practice. You would hardly find a physician who would defend the practice of doctors who compound with druggists to defraud the patient by exacting a percentage on prescriptions.

The question, then, in the discussion seems to be: Is it professional, is it right, for a physician who is convenient to retail drug stores to "keep on hand," dispense and charge for the medicines necessary in his own practice? If he has the right to dispense them, he undoubtedly ought to be allowed to charge, at least, cost for them. To furnish medicine gratis would be a tax most doctors could not long "hold out" at.

I do not know that the practice of dispensing and charging for medicines by the physician has ever been condemned by the American Medical Association or any "regular" State or local medical society.

Unless he has had the advantages of a course in pharmacy, or better opportunities in the medical college laboratory than most students have, there is no plan which offers better means to the young physician of familiarizing himself with the dose, physical properties, and chemical action and reaction of medicines, than the dispensing of his own drugs.

When one does an extensive practice, especially an office practice, it is often difficult to recollect the remedies prescribed, unless a note is kept of each case. In dispensing his medicines, the sense of sight, and often of smell and taste, is brought to the aid of memory in calling to mind the treatment instituted. It is a sad comment upon the honesty of our drug men, but, nevertheless true, that there are druggists who will substitute cheaper for more expensive drugs—as sulphate of cinchonidia for sulphate of quinia—give light weight, and, in many instances, leave out ingredients altogether. This, with the many unintentional mistakes—their prescribing for the sick; the repeating of prescriptions without authority; the putting up and selling of proprietary medicines; and many other tricks of the trade—releases the doctor from any obligations he might otherwise be under to patronize the druggist, and make it not only justifiable for the physician to dispense his own medicines, but in many instances to the interest of the patient himself, and the reputation of the profession at large. S. W. Johnson, M.D.

Ennis, Texas.

Sulphate of Morphia, Hypodermically Injected, in Asthma.

Ed. Med. and Surg. Reporter:—

Not having seen any reference in medical literature to the use of sulphate of morphia hypodermically in asthma, is my apology for asking a brief space in your valuable journal, by which I may bring the matter before the profession, and through them confer a great blessing upon suffering humanity. During the past twelve months I have treated several bad cases most successfully by the above named method, using it in ¼ to ½ grain doses once in twenty-four hours, usually in the evening; and through the day using some expectorant, such as iodide of potassium, lobelia, acetate morph., wild cherry, etc., combined or separately, as the case might seem to demand, varying the amount of each to meet the characteristic symptoms as they existed. And in each case so treated I have been well pleased with the result—speedy relief in five to ten minutes—a blessing to the sufferer.

Wilmington, Del. S. Leslie West, M.D.

News and Miscellany.

National Pharmaceutical Association.

This Association convened at Indianapolis on the second week in this month. A number of valuable papers were read. On one day the Convention indulged in a lively discussion over the admission of patent medicine men, brought on by voting one from New York into membership. After considerable attention was paid to the matter, it was finally decided to expunge from all minutes all debates, and permit him to remain as quietly as possible.

Saratoga was chosen as the place of holding the next meeting.

Filth Diseases.

Of scarlatina, diphtheria and typhoid fever, Dr. Snow writes, in his last report as health officer of Providence: These three diseases are undoubtedly caused, to a very great extent at least, by impure air, and in some cases, by impure water. Those who are breathing habitually, and especially in the night time, the impure air from privy vaults and cesspools *are in special danger*. Let every housekeeper insist upon a thorough cleansing and disinfection of these deposits of filth, and many lives will be saved in Providence during the next eight months.

The Discovery of Anæsthesia.

The war as to the priority of the discovery of surgical anæsthesia threatens to break out again, owing to the advocacy of Dr. Long's claims by Dr. Marion Sims. The defenders of Morton, Jackson and Wells are promptly rushing to the rescue of their favorite champion. The Boston *Medical and Surgical Journal* has entered the field with its well known rallying cry; and the dental surgeons are not slow to take up the cudgels for Dr. Wells. We have an article kindly sent us, showing the claims of the latter, by Dr. E. H. Bowne, of Fredonia; but we really think the conflict was so thoroughly fought out at the last bout that it is not worth while stirring the dust so soon again.

No sooner has Dr. Crawford W. Long's claims been solidly laid and well witnessed, than another claimant turns up, who brought it to the attention of Dr. Long. This was a student in his office, still living in South Carolina, by name Wilhite. A letter from Atlanta announces that his friends intend to push his claim, so that soon, perhaps, we shall hear more of him.

Surgery Among the Zulus.

The Zulus, like the "Peculiar People," have no respect for the arts of surgery and the drugs of doctors. A British surgeon writes of them—

"The few wounded Zulus under our care absolutely refuse any operation or treatment; they even take off splints as soon as applied. But, in spite of their stupidity, they do very well, and one has the opportunity of observing the natural history of gunshot wounds and fractures. They somehow crawl out of doors every day, and nurse their fractured limbs with both hands, squeezing the wounds a good deal, and constantly washing them with a small stream of water, which they very cleverly manage to eject from their own mouths on to the wounds, though held at a distance of two feet or more. One man, shot through the head of the tibia—a fearful smash, knee joint opened in all directions—has got *quite fat* under the above treatment and ordinary soldier's rations: the joint is, of course, in very bad position, but I suppose he will eventually recover, like a dog or cat which has been trapped or suffered other injury."

German Physicians as Practitioners.

The unfavorable opinion we have heretofore expressed of the therapeutics now generally to be learned in Germany has been endorsed by several physicians who have recently returned from there, and is supported by the observation of Dr. Willard Parker, of New York. This eminent and venerable teacher recently remarked: "The Germans are preëminently theorists. The result is that when a German physician or surgeon comes to treat a particular case he is apt to follow the teachings of his master to the letter. This will not do, for there can hardly be found two cases which require precisely the same treatment. For this reason the American, who is naturally ingenious, when he comes to a case, will set to thinking on his own hook, and will devise some way to get successfully through with it."

A New Hospital.

At a stated meeting of the Schuylkill County Medical Society, the following Preamble and Resolution was offered by Dr. D. W. Bland:—

WHEREAS, The prospect for the erection of a General Miners' Hospital in the Anthracite region is now about to be fulfilled, the Schuylkill County Medical Society, feeling a common interest in the success of said Hospital, therefore,

Resolved, That Dr. G. W. Brown, Dr. D. J. McKibbin and Dr. J. T. Carpenter, are hereby appointed as a representative committee from the Schuylkill County Medical Society, whose services are offered to the commission of said Hospital, to aid and assist in the perfecting of such plans in building as will combine all the modern improvements in the construction of General Hospitals.

Manufacture of Chemicals in the United States.

Half a dozen years ago we imported from France annually six million pounds of cream of tartar; now we do not bring over a pound, and the price is one-third less than it was then. At that time we sent to France and England yearly for half a million pounds of tartaric acid; last year we imported only 183 lbs.! Citric acid was then sold to us at the rate of a quarter of a million pounds yearly, at a price of $1.30 per lb.; last year only 27,000 pounds were brought in, and the price was 57 cts. per lb. A million pounds a year of borax was then sent us, at 35 cts. per lb.; last year only 3500 lbs., at eight cts. per lb.; while we sent to other countries two million pounds! Are not these wonderful statistics for "hard times?"

Health of the Navy.

The following statistical returns, made to the Navy Department, exhibit the aggregate sick report of the several squadrons for the second quarter of 1879:—

United States South Atlantic Squadron.—Total number of men, 564; total sick days, 1131; daily average number of sick, $12\frac{39}{91}$; total cases treated, 120.

United States European Squadron. Total number of men, 1161; total sick days, 5121; daily average number of sick, $56\frac{35}{91}$; total cases treated, 580; deaths 2—1 enteric fever, 1 suicide.

United States Asiatic Squadron.—Total number of men, 1091; total sick days, 2704; total cases treated, 357; daily average number of sick, $29\frac{69}{91}$; deaths 2, from drowning.

Unprofessional Testimony.

On a suit for divorce, in Cincinnati, recently, a physician testified that the defendant came to his office about two years ago suffering from a private disease, and that he prescribed for him. Recently the witness was called on by a detective, who made inquiry as to the fact of his having given such a prescription to a man so named, and the witness went with the detective and identified the man. This physician seems to have been a regular graduate, and at one time, if

not now, connected with one of the colleges. That such action is an unpardonable violation of professional honor should be universally recognized.

The Question of Bills.

The physicians of the city of Quincy and county of Adams, Illinois, have taken a decided step toward putting the profession there on a proper financial basis. They have adopted a series of resolutions, of which the following are the gist:—

Resolved, That we, as physicians and surgeons of Adams county, when called upon to treat a patient, consider our bills due as soon as services are rendered.

Resolved, That we render our bills on the first of every month. That in the county, outside of the city of Quincy, the time for rendering bills be such as may be agreed upon by the practitioners of the different localities.

Resolved, That we, as physicians and surgeons of the city of Quincy, employ a common collector to collect our bills, and that the physicians of the county be recommended to employ a collector for one or more townships, and that each collector keep a delinquent list for the benefit of the physicians of the city and county.

Some such action as this should be generally adopted for the protection of the profession and for the inculcation of honesty toward doctors in the public.

The Yellow Fever

Has still indicated extreme virulence in Memphis. For instance, on the 16th 29 new cases and 9 deaths were reported. Several of the neighboring towns have become infected; but the latest reports point to diminishing numbers.

On the 18th quarantine in Cincinnati was raised, which was sixty days from the time of its establishment. There has not been a case of yellow fever there since July. Before that time there had been six imported cases, one of which was fatal.

On September 16th, the Board of Health of Louisville raised the river quarantine against Memphis. Seven cases of yellow fever were treated there this season, all imported. Four of the number died.

Personal.

Dr. Aekland, F. R. S., Professor of Medicine in the University of Oxford, President of the Council of Medical Education for Great Britain, and honorary physician to the Prince of Wales, whom he accompanied to this country in 1860, is in this city, the guest of Professor Gross.

Items.

Corrections.—On page 217, current volume, the amount of strychnia should read .02.

The graduation fee of the Jefferson Medical College is $30.00, not $20.00, as stated.

In our notice of the Mackinnon Pen we did its capacity an injustice. It will write nearly thirty pages of manuscript.

Smallpox.

In Northeastern Mexico smallpox is reported as epidemic.

In Roma, Texas, ten children have died. The ranches in the vicinity are badly infected.

OBITUARY NOTICES.

—Dr. Robt. W. Scott died, August 24th, in Milan, Tenn., at his home, of traumatic abscess of the pleura, caused by a fall from his horse. He was an esteemed practitioner.

—Last week we announced the death of Ex-Surgeon General Finley. He was born at Newville, Cumberland county, Pa., in 1797. He studied medicine at Chillicothe, Ohio, where he graduated in 1818. He immediately entered the United States Army, as Surgeon's mate of the 1st Regiment of Infantry, and subsequently filled the position of assistant Surgeon, and was medical director in the field in the Black Hawk, Seminole and Mexican Wars. He passed eight years on the frontier in Arkansas, Louisiana and Florida, and was on one of the earliest expeditions to the Rocky mountains, in 1834. In 1861 he succeeded General Lawson as Surgeon General of the United States Army, and in 1862 was retired from active service on his own application, after having served forty-four years.

QUERIES AND REPLIES.

Dr. T. C., of Pa.—Dr. Churchill's syrup of the hypophosphites, comp., is of different strengths. His authentic formulæ will be found in Napheys' *Medical Therapeutics*, Sixth edition, p. 195.

Dr. A. J. K., of Pa.—1. Tenotomy in talipes varus should be resorted to, according to Ashhurst, between the second and third months of life. 2. With the proper precautions, artificial anæsthesia is safe at that age.

Dr. A. E. C., of Iowa.—The profession very generally, in this part of the country, favor the use of turpentine in typhoid fever, under the circumstances where it was particularly recommended by the late Dr. G. B. Wood (see *U. S. Dispensatory*, 13th ed., p. 618).

Ethics writes: "If Dr. A. has a case of injury requiring amputation; not having the necessary instruments, he calls on Dr. B. to bring his instruments and assist. Is it courteous in Dr. A. to use Dr. B.'s instruments, perform the operation, lift the arteries, etc., without first asking Dr. B. to operate or take any part, except to give the anæsthetic, and perhaps tie a ligature?"

Ans.—The statement is incomplete. If Dr. A. asked the loan of the instruments and the aid of Dr. B., there is no criticism to be made; if he simply invited him to come with his instruments, and possessed himself of them without a "by your leave," he was not polite. It must be remembered that it was Dr. A.'s case.

Dr. L. B. T., of O.—There is no recent monograph on Massage in English. Dr. C. F. Taylor's "Movement cure" touches upon it.

MARRIAGE.

THACKER—RENO.—On August 26th, by the Rev. Dr. P. Tinsley, Rector of the Church of the Advent, at the residence of the bride's brother, Capt. John C. Reno, of Walnut Hills, Dr. J. A. Thacker, editor of the Cincinnati *Medical News*, and Miss Rebecca C. Reno.

Our brother editor has our felicitation in the happy event.

THE

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Communications.

CASES OF IMPACTED CÆCUM AND COLON.

BY E. R. MAXSON, M.D., L.L.D.,
Of Syracuse, N. Y.

As most of the cases of this character, of long standing, to which I have been called, had been regarded and treated as other affections, I offer the following, which have fallen under my treatment during the past two years, hoping to throw some light upon the subject:—

June 28th, 1878, I was called to attend a boy, about nine years old, of good parentage, who was suffering from tuberculous meningitis, as was evident from all the symptoms of that disease being fully developed, but which I need not enumerate.

On inquiring into the cause, I found that from infancy he had been badly constipated; and for years had lumps in his bowels, which had been regarded as "tumors" of some kind, not defined.

He had, from infancy, suffered much from pain in his head, at times severe, and for several months before I saw him it had been intense, rendering him, by turns, delirious.

I discovered that the *cæcum* and *colon* were impacted, constituting the "tumors," and that the condition had been of long standing, evidently impairing digestion, and affecting the brain sympathetically, doubtless leading to the tuberculous meningeal condition in which I found him.

My prognosis was unfavorable, of course; even after having removed—by rhubarb and Epsom salts, with injections of warm water, containing salt, lard, molasses and beef's gall, of each a teaspoonful to the half pint—an enormous quantity of hardened scybala, entirely dispersing the abdominal tumors; for, though it gave him great temporary relief, as I anticipated and warned the parents, the tuberculous symptoms eventually passed on to a fatal termination.

October 24th, 1877, I was called to attend a highly respectable gentleman, about 50 years old, of a fair constitution and excellent habits, who had been in poor health for nearly ten years; having had little appetite, imperfect digestion, a fistula in ano, some cough, and during the entire period what he called a "hardened stomach," his mother having died of a similar affection.

He had been under treatment more or less of the ten years, steadily growing worse up to the time I saw him, when his case had been declared hopeless, mainly from his lungs having become tuberculous, though no matter had yet been expectorated, as appeared. I discovered that what had been regarded as a hardened stomach was really an impacted colon, as was clearly demonstrated by the effects of gentle laxatives, with electricity, which brought away nearly three feet in length of impacted fæces from the colon, entirely removing the hardness, which having been felt most along the transverse colon, had been called a hardened stomach.

This impacted condition of the large intestine had evidently caused, mechanically and otherwise, the indigestion, loss of appetite, fistula in ano, marasmus, pulmonary vomicæ, etc. Its removal gave him great relief, and left the lung disease to lead on to a fatal termination.

On post-mortem examination I found a scrofulous-appearing tumor (*not scirrhous*), on the

duodenum, about two inches below the stomach, with a congested appearance of this portion of the small intestines, all evidently caused by the mechanical impression of the impacted colon on the part. And I have no doubt but that the fistula in ano was the direct and indirect result of the abnormal accumulation, as is often the case.

I was called, January 11th, 1878, by a gentleman, to attend his wife, about 50 years old, in the last stages of what had been regarded and treated as an organic disease of the liver, attended with a tumor of that organ. Her great distress, at the time, was enormous swelling and intense pain in her right leg and foot, for which she desired relief.

I found an impacted colon and cæcum, the latter pressing so heavily (now that she was in bed), upon the right iliac vein and lymphatics as to have caused the swelling and pain, the nerves, of course, being involved, directly and indirectly.

I very much feared that it had produced scirrhus of the pyloric extremity of the stomach or duodenum, as the impaction was evidently of long standing. The ureter of that side was evidently obstructed, as there was intense pain in the right lumbar region, with some swelling.

I gave her fluid extract of dandelion, 4 gm. (ʒj), every morning, and fluid extract of rhubarb and Epsom salts, of each, 4 gm. (ʒj), at evening, directing injections of warm water, with salt, lard, molasses and beef's gall, of each a teaspoonful to 240, cc, (ʒ viij), at evening.

On the third day a large amount of partially softened scybala came away, relieving the right leg and foot of pain and swelling, and the kidney somewhat.

But simultaneously with this, the partially retained scybala, lodging in the descending colon, near the sigmoid flexure, caused a similar swelling, with pain, in the left leg and foot. But two days later, on removal of this retained matter, this also suddenly subsided, as did a pain and swelling in the left lumbar region, from a partial closure of the ureter by the mechanical pressure being thus relieved.

The tumor, which had been regarded as hepatic, had now subsided, except an induration in the pyloric region. And though the patient was now free from pain and swelling, and quite comfortable, she was little more than skin and bones, and died about a week later.

I made an examination, by request of the family, finding, as I had anticipated, *scirrhus* of the pyloric extremity of the stomach and commencement of the duodenum, evidently the result of pressure of the fecal matter in the large intestine passing over it; the kidney of the right side being loosened, congested, and very much enlarged, from pressure upon its excretory duct. The *liver* was normal; and so were all the other organs, except in so far as they were affected by the general marasmus.

I was called, January 26th, 1878, to see a prominent gentleman, about fifty years old, who had been very much constipated for several years, "blood and slime" passing instead of fecal matter, as they informed me.

During the year before I saw him he had run down, suffering the most intolerable tenesmus, and disposition for, without much, movement of his bowels; it having been necessary to draw his water, as I learned, a part of the time.

For twelve weeks before I saw him he had been confined to the house, and at last, more or less to his bed, his case having been regarded and treated, I believe, as dysentery. I did not find positive evidence of any abdominal tumor in this case, as the abdomen was so much bloated it was impossible to diagnose the case by palpation. But suspecting fecal impaction of the colon, I passed my finger into the rectum and found its veins nearly the size of my little finger, and also rectal ulceration.

My diagnosis was an impacted colon. And, with proper remedies, as in the other cases, I succeeded, within two weeks, in bringing away about half a bushel of intensely hardened scybala, which had evidently interrupted micturition, led to the intolerable tenesmus daily, caused the hemorrhoidal congestion and ulceration, and brought him to death's door, as it were, for all these unpleasant complications subsided with the removal of the retained matter, except the rectal ulceration, which was cured by touching, through a speculum, with nitrate of silver. In six weeks he was able to resume his accustomed arduous and responsible business, which he has pursued, with increasing flesh and strength, to the present time, I believe.

An invalid gentleman, forty-five years old, called on me May 13th 1878, from a distant city, of which he is a resident, to consult me in relation to an abdominal tumor, that had been diagnosed as a "loose kidney," as I learned from him, by many prominent physicians, it having been, however, previously poulticed for a long time, preparatory to opening as an abscess. The tumor occupied the right anterior abdominal region, being about the size of two fists, I think. I found that he had been badly constipated for a

long time before he discovered the tumor, which had been sore or tender and painful at times, now rendering him unable to work. My diagnosis was impacted scybala at the junction of the ascending and transverse colon, with possibly an intestinal tumor, as an effect of it, benign or malignant, but probably scrofulous. And with this view, I treated him on the principles already laid down, with laxatives, tonics, etc. On May 31st hardened scybala passed him, leaving the tumor about two-thirds its previous size. And again, June 14th, still more passed, reducing it to about one-third, so that he threw off his bandage or belt, which he had been obliged to wear, and under a laxative and tonic treatment rapidly regained his flesh and strength, enabling him to resume his responsible and arduous labors, which he continued until last autumn, when he again lost flesh and strength, having suspended treatment, and as I have since learned, by the advice of prominent physicians, who regarded the tumor as a loose kidney; he was without treatment through the winter and early spring of 1878 and 1879, except morphine, to quiet pain, which was intense, as I learned, from April 1st till I saw him, May 17th, 1879, when he was very low. Feeling confident that the tumor was connected with the intestine, and probably the result of the impacted colon, and of a scrofulous character, and fully satisfying myself that it had inflamed, suppurated and then contained matter, notwithstanding the high authority and positive assurance of his medical advisers to the contrary, I resolved at once to let the matter out. This I did by introducing the aspirator needle, when, with a very excellent instrument, I drew out 240 cc. (half a pint) of thick, scrofulous appearing matter, affording the patient instantaneous and almost perfect relief from the intense pain from which he had suffered for six weeks or longer. I gave him tonics and alteratives, directed a flannel about the abdomen, a solution of iodide of potassium, 8 gm. (℥ij) to the 30 cc. (℥j) of glycerin, to be applied to the abdomen morning and evening; and a small poultice to be kept over the puncture, with the hope of keeping it open for the discharge while there was matter.

The matter continued to flow from the puncture for two weeks, and he had improved steadily and rapidly. One week after I drew the matter he was in his garden; and June 13th, being less than a month, he came to see me, a distance of 130 miles; and since July 24th—the tumor having diminished in size, and the hectic, colliquative diarrhœa and night-sweats having entirely disappeared, and his appetite having become excellent, gaining, from June 13th to July 24th, 29 pounds in weight—he has been engaged regularly in his former occupation, that of a railroad engineer, as I am informed.

The tumor may have been *hydatid*, and in that case might have caused the impaction of the colon. But from all the symptoms and circumstances, and from what I have found in other cases, it was probably the *result* of the accumulation of scybala in the colon, and of a scrofulous character, having thus inflamed and suppurated.

I never belived it was a loose kidney, as it was not like cases of that kind that I have examined, in this country and abroad, one of the most interesting of which I examined with the late Sir James Y. Simpson, in Edinburgh, another in this city, and still another in Geneva, a few years since.

Too much care cannot be taken in diagnosing such cases, as upon this depends the treatment or no treatment, and hence, often, the comfort, health, and even life, of the unfortunate patient.

June 1st, 1878, there was brought to this city, and placed under my care, a gentleman from a distant part of the State, 50 years old. He had been for a few months in a gloomy mood, and for the previous few weeks *insane*, and under treatment for it in two of the principal cities of this State and in a distant rural district, from which he was taken to an insane asylum, on a certificate of insanity from two of his attendants, of respectability, I believe.

But as no very favorable prognosis was given at the asylum, and as his friends were not pleased with some of the treatment there, the impression having prevailed, as I learned, that his insanity was from organic brain disease, which some of his symptoms might well have been suspected as indicating, he was brought to me.

I learned that insanity was hereditary in the family; that he would not eat, could not sleep much, and that his bowels had moved but once in two weeks.

Regarding this train of facts and symptoms as indicating incipient impaction of the colon, I induced him to take, freely, pills of aloes and rhubarb, two or three a day, which soon brought away a large amount of hardened fæces, apparently relieving the brain at once. This treatment, together with pepsin, *blood* and *nerve* tonics, with a little cupping in the cervical and lumbar regions of the spine, fully restored him to reason within three weeks.

He gained about twenty pounds of flesh within

a month, leaving the city in good health and spirits, July 5th, one month and five days from the time I first saw him, and up to the last account I have had of him there had been no return of his physical or mental derangement.

It is not probable that the *impacted colon* in this case, had there not been a hereditary predisposition, would have produced insanity. But with it, and a slight spinal irritation, it was sufficient: and its removal effected a cure.

DILATATION OF THE CAVITIES OF THE HEART, WITH PROBABLY SOME HYPERTROPHY, COMPLICATED WITH EXOPHTHALMIC GOITRE, SUCCESSFULLY TREATED WITH DIGITALIS.

BY D. FOSTER MORGAN, M.D.,
Of Clarksburg, W. Va.

CASE.—Miss C. D., aged fourteen, called me, July 21st, 1876. This girl has always been very delicate; had a severe attack of heart trouble four years since, from which she recovered. To-day I find her pale, anæmic; pulse at wrist cannot be counted; orthopnœa extreme; the violent action of the heart causes the bed on which she sits—she cannot lie—to shake so perceptibly that it can be distinctly seen across the room, a distance of ten feet; there is constant nausea and vomiting; great prostration exists; she has not slept for more than a week, except a few minutes at a time; appetite entirely gone. She has been treated, so I am informed, with calomel and digitalis in small doses, with no improvement, but she has grown worse for several weeks.

Resorting to the various means of physical diagnosis I find the temperature slightly below normal, pulse irregular, respiration hurried and distressing, amounting to forty-eight respirations in a minute; menstruation suspended for more than three months; slight leucorrhœa. She has dilatation of the cavities of the heart; and why? The heart is weak and feeble; there is stagnation of the vital current; there is congestion of the stomach, liver, kidneys and lungs. There is regurgitation, with valvular insufficiency. There is extreme anasarca; there are cold extremities; the heart's action is so irregular that I cannot count it, even by using a stethoscope; there is almost complete suspension of the urinary secretion; the bowels are constipated; there is chilliness at times; the veins of the surface are at times swollen; the pulse is small and irregular, and I represent it by dashes, dots and intervals, thus—

— — ... — — ... — — ...

Now, that there is obstruction of the orifice is rendered conclusive, from the following facts: The pulse is small and weak, and the regurgitation necessarily lessens the quantity of blood propelled into the aorta and its branches by the systole of the left ventricle; then the amount of blood contained in the left ventricle at the time of systole is sometimes so much diminished that the radial pulse is almost or quite lost; this condition is partly true in my case, but, in fact, there was a feeble intermittent pulse, yet no one could accurately count it. As regards volume and force, they were affected by an unequal supply of blood from the left auricle to the left ventricle; there was irregularity of the successive beats, due to deficiency of blood to the left ventricle, all of which denotes that contraction of the mitral orifice is in excess, and that regurgitation is in moderation.

In addition to the disorganized left cavities of this girl's heart, the extreme anasarca, dyspnœa, congestion of the stomach, lungs, liver and kidneys, indicate dilatation of the right cavities of the heart as well, which must be necessarily dependent on venous obstruction; and, in truth, I believe this to be true; and why? Because there was turgescence of the cervical veins; because the organs of digestion suffer severely from congestion, arising, as I believe, from dilatation of the right side of the heart; because the secretion of urine was nearly entirely suspended, from a similar cause; because the patient complains of palpitation and smothering; because the heart's action seems violent and strong when the hand is placed over the præcordia; and finally, there is a slight double murmur, which may often happen in dilatation as well as in hypertrophy. There was not a trace of albumen in the urine; the latter fluid was acid.

I considered this case almost hopeless, and so informed the girl's mother, who desired me to do something for her, if possible; and, in fact, I prescribed for her with much misgiving.

Treatment.—I immediately placed her on infusion digitalis, as follows:—

℞. Inf. digitalis, f. ℥ ss
Potass. bitart., gr. cxx.

Every six hours.

I saw this girl again on July 24th, three days after placing her upon treatment, and to my surprise her condition was much improved. Her mother informed me that after taking the first dose infusion digitalis the heart became more quiet and steady: she was enabled to lie in a semi-recumbent position, and slept a portion of the night, and to-day feels much refreshed; she

is eating a little. Urinary secretion partially restored, and even so soon the dropsical symptoms are disappearing. I cannot yet get the true number of pulsations at the wrist nor over the præcordia. I prescribed, as additional—

℞. Ext. bellad., f. ℥ ij
Tr. digitalis, f. ℥ vj. M.

Sig.—Six drops after meals, in water.*

℞. Sol. ferri. et strychniæ, f. ℥ j
Elix. calisayæ, f. ℥ j. M.

Sig.—Teaspoonful before meals.

℞. Emp. bellad. No. 1. Apply over præcordia.

A word as to the belladonna plaster, which many professional gentlemen ridicule. I find it a great quieter of nervous irritability, and of late, in all cardiac difficulties, apply it over the region of the heart: often, it is true, to assist me in diagnosis of these obscure cases, because it seems to me that it controls very well any purely nervous palpitation, and thus enables me to get more truly to the diagnosis of organic disease, if there be any. July 30th, patient still improving. Continued treatment.

August 10th, patient very much improved; the actual pulsation can now be ascertained, and I find the pulse to be 92: respiration much reduced in frequency; dropsy still diminishing. Patient went on improving daily until October 6th, when I omitted all treatment, except inf. digitalis, twice daily, and from this period on the improvement was rapid; the kidneys resumed their normal action, the dropsy rapidly disappeared, the heart's action became more quiet and regular; still there is dilatation and murmur. Menses returned very slightly: leucorrhœa disappeared. October 15th, I resumed tr. bellad. et tr. digitalis, in addition to infusion digitalis. Noon, 15th, placed her on bitter tonics and iron, by which she rapidly improved. She was soon able to be out of doors and visit her friends, and at date of my last note, February 28th, 1877, she has gained much flesh and is doing a considerable amount of housework.

I claim for this case that digitalis is almost a specific in dilatation of either right or left ventricle of the heart, if given in sufficient quantities; and again, from what I know and have seen of hospital practice, the infusion is the particular preparation which gives the most satisfactory results. Now, before treating this case I had not used this remedy extensivly, and had read and heard so much of its cumulative effects that I was really afraid of it; but I can now say, after a much more extensive use of it, that I have never seen the slightest unpleasant symptom, nor have I, so far, met with any gentleman in the profession who has complained of any untoward action of this drug. I discharged this patient Feburary 28th, 1877, and for more than two years I have not seen her; twice in this interval her mother has written me in regard to her condition; once she was suffering from a common cold, and the mother was apprehensive of a return of all her former troubles. The last time she wrote, January, 1879, she said there was some return of the dropsy, the heart was unsteady, etc. I prescribed—

℞. Scoparius, fluid ext., ℥ ij
Fluid ext. digitalis, f. ℥ ij. M.

Sig.—One-half teaspoonful three times daily.

I have heard nothing more directly from the patient, but am credibly informed that her health is good as common.

May 20th, 1879. Since writing the above paper this young lady informed me, through her brother, that she is again in poor health, and there is some anasarca, with many of the old troubles. I prescribed infus. digitalis as before, ordered a belladonna plaster to the præcordia, and gave in addition—

℞. Ext. jaborandi, f. ℥ j
Ext. tarax., f. ℥ ij
Ext. bellad., ℥ ij
Tr. cinchonæ, c., f. ℥ ij. M.

Sig.—Teaspoonful three times daily.

with instructions to report in ten days, and if not better I would see her. I have only learned that she regained her usual health.

* The formula for sol. ferri et strychnia is one I have used for years, and made as follows: I have it put up in quarts, for dispensing:—

℞. Strychniæ muriatis, gr. vj
Acidi muriatici, q. s. M. et take.

Add ℞. Tr. ferri chlor, f. ℥ ij or iv
Glycerin, f. ℥ iv
Aquæ dest., f. ℥ xxiv. M.

SUB-EARTH VENTILATION, AS APPLIED TO HOSPITALS.

BY J. WILKINSON, C.E.,
Of Harvard, Ill.

[At the request of the editor of this journal, Mr. Wilkinson has prepared the following brief description of his method of purifying air and maintaining it at an equable temperature, in its application to hospitals. His plan deserves careful attention from those engaged in hospital construction.—Ed. Reporter.]

My system of ventilation, the symbols of which are S. E. V., was first given to the public in 1874. Its use was, however, mainly confined to milk houses for a period of two years, in

which field it is very profitable and popular. It has since been applied to a variety of purposes, and has fully met the requirements in all cases. The characteristics developed in its use, for tempering and purifying the air of dwellings, have been seen and carefully investigated by numerous intelligent medical gentlemen, and all emphatically assert the opinion that "for hospital purposes it is apparently peerless."

The characteristics of S. E. V. are—

1st. An unlimited volume of atmospheric air may be perpetually supplied to a building, or any number of apartments, at a uniform temperature of about 50° above zero, Fahr.: *i.e.*, by a properly arranged duct, placed at a proper depth below the surface of the earth, say about twelve feet, and about 350 in length, and with a transverse section in proportion to the volume of air to be transmitted in a given time, moving at the rate of about one hundred linear feet per minute, any amount of air required may be transmitted, tempered, purified and delivered.

2d. The air passed through a subterranean duct is found to be peculiarly affected hygrometrically. Carefully conducted experiments, in the use of reliable instruments, have demonstrated the following facts:—

Where the ducts are laid in the virgin soil of rural districts, and they are constructed with an earth bottom, as I construct them, and, if the soil of the bottom of the trench in which the duct is to be constructed is other than clay, it is surfaced with it a few inches in depth, the air from such ducts is superlatively pure; in fact, it is rarely found in nature of an equal degree of purity.

These ducts are found to possess the quality of alternately absorbing from, and giving off moisture to, air passed through them, by which an equable hygrometric condition in the air is maintained. It has been found that when the exterior atmosphere is saturated with moisture, or is at the dew point, air, while being cooled in its passage through the duct, is deprived of its moisture so as to show a difference of from four to five degrees between the wet and the dry bulb thermometers of the psychrometer, the dry bulb showing 61°, in an insulated apartment, and the wet bulb 57°. This experiment was made when the exterior atmosphere was 65° and the wet bulb thermometer showed 65°, indicating that the air was charged to its fullest capacity with moisture.

Again, when the external air was 80°, and there were several degrees difference between the wet and dry bulbs, indicating extreme dryness of the air, the relative difference of four to five degrees was maintained in the building, as indicated by the psychrometer.

These two results, obtained with reliable instruments, under such opposite hygrometric conditions of the atmosphere, prove the positive ability of the subterranean air duct to produce and maintain in the air it supplies an equable hygrometric condition, an all-essential factor among the numerous hygienic requirements of a hospital.

3d. Another remarkable characteristic of this system is the established fact, that by passing air through an earth duct, artistically arranged, an electrical condition which often obtains during the warm season, which precipitates ferments, and produces premature acidification in milk set for creaming, and a coagulation in the milk so dense that it mechanically prevents cream from rising, occasioning a loss of millions of dollars annually, is entirely averted. This loss occurs at a time when the air is in a condition called "muggy," and when electric discharges are frequent and violent, and all breathing animals evince great languor. When the thermal and electrical conditions of the atmosphere described prevail externally, that of an insulated apartment, sub-earth ventilated, is as dry, bracing and buoyant as nature's best.

A device capable of developing and maintaining in the atmosphere the characteristics described cannot but be invaluable, in a sanitary point of view. No other means has ever been devised by ventilating engineers by which such results have been secured, and such adaptability of the atmosphere for human occupancy, especially for the use of persons who are demented or physically abnormal.

I have offered gratuitously to furnish plans for one hospital for each city in the country infected with yellow fever, also full plans and specifications for constructing the tempering and ventilating apparatus. The non-acceptance of my offer by those to whom it has been made, who are identified with the care of the sick in hospitals, has elicited expressions of great surprise by parties who are using sub-earth ventilation in dwellings, that it should not have been generally availed of for hospital ventilation.

In cities and villages, where the soil is liable to be charged with gaseous impurities, close iron pipes are used for the sub-earth air ducts. The pipes may be very light, as they are under no internal pressure.

Some of my devices provide for supplying to and removing from longitudinal shelves within the close pipes, clay and other deodorizers and

disinfectants, by which the purifying influence of the natural earth on the air passed through ducts with earth bottoms is not only equaled, but it is really excelled.

In conclusion, I repeat the offer to gratuitously furnish full plans and specifications for supplying sub-earth ventilation to a hospital building adapted to the system, in any part of the country, also a free right to the use of all my patented devices.

Where a new hospital is required in which sub-earth ventilation is to be used, I will furnish the plans for the same for three and one-half per cent. on the cost of the building, and will embrace sub-earth ventilation in the plans.

It can be applied to any building, but better applied, and at less cost, in new ones.

Medical Societies.

BRITISH MEDICAL ASSOCIATION—SECTION OF SURGERY.

(*Continued from page* 252).

The Section was opened by Dr. L. A. Sayre, of New York, by a discussion of

The Diagnosis and Treatment of Joint Diseases.

He said that he would confine his observations to the joint diseases generally termed scrofulous, such as strumous disease of the ankle joint, white swelling of the knee joint, hip joint disease, and Pott's disease of the spine. All these diseases were generally considered to be dependent on a constitutional dyscrasia. But, Dr. Sayre would ask, if this were true, how was it that many patients, after recovery from hip-joint disease, were ever afterward perfectly well and sound. The family history of many of these cases could be traced back for generations, without any trace of scrofula or any other debilitating affection. In Dr. Sayre's experience, disease of the joint is the result of injury, often very slight. If it be a concussion, an extravasation of blood occurs, which undergoes degeneration and acts as a foreign body, and the cartilage may become loosened and necrotic. Or the injury may be a severe wrench, with laceration of the fibrous tissues and effusion of serum or blood. In either of these instances there is the starting point of a chronic inflammation, especially if the injury be so slight as not to attract attention, because then the proper treatment is not applied at the time when the injury is received. The degenerative processes going on in and about a slightly injured joint produce constitutional disturbance before the local manifestations attract attention; and hence these local manifestations are regarded as the result of the constitutional dyscrasia. Even in strumous subjects, there must be some local injury before disease of a joint can occur. Scrofula will not produce it spontaneously; although scrofula, whether congenital or (as Dr. Sayre believed to be often the case) acquired in consequence of bad hygienic conditions, etc., necessarily develops any disease or accident from which a patient may suffer. In the treatment, the first point to be attended to is the employment of extension and counter extension, carefully regulated so as to readily relieve the parts from pressure, as indicated by the comfort of the patient. The next great element is rest, as complete and perfect as can be given to the parts. Mercury in minute doses is a valuable tonic; and iron, cod-liver oil and quinine may often be added with great advantage. Friction and elastic compression are also useful in certain stages. If the effused fluid has undergone degeneration, it should be removed by the aspirator. If this cannot be done, the joint should be incised, under the antiseptic spray, and washed and dressed according to Lister's method. If caries or necrosis set in and continue to make progress, exsection of the diseased parts is the only remedy.

The subject was discussed by Mr. Owen, of London, Dr. Barton, of Dublin, and Dr. Hodgen, of St. Louis. The latter desired, as far as possible, to settle the difficulty that seemed to exist between Professor Gross and Professor Sayre. Dr. Sayre said that it was utterly impossible that morbus coxarius could be regarded as being derived from scrofulous parents. Dr. Gross said that it was impossible that local injury could produce it. Now, it might appear that those two propositions were very different; and yet to him (Dr. Hodgen) it appeared that they were not greatly opposed; for it seemed that Dr. Gross only insisted that, without a constitutional condition favorable to that particular disease, that particular disease could not occur; while Dr. Sayre said that the existence of a peculiar condition of liability to the disease was greatly increased when the individual was subjected to an accident. Both would accept this proposition: that, if there were not this condition of the system rendering it liable to this particular disease, no amount of force would develop it; and that, when a certain condition of the system existed, a very trifling injury would cause morbus coxarius.

Mr. R. W. Parker, of London, read a paper on

Subcutaneous Osteotomy in Children.

Mr. Parker was attached to the East London Hospital for Children, and would say that, out of a large number of osteotomies performed on children varying in age from three to thirteen, he had never lost a case; and in only one instance had there been any suppuration. This one exception had been a severe case of erysipelatous œdema, which, however, yielded to treatment, and the boy finally made a good recovery. It was now generally admitted that the cause of genu valgum lay in a hypertrophic lengthening of the internal condyle of the femur; and although this fact had long been known, it had never occurred to surgeons to utilize the knowledge for the correction of the deformity. Mr. Parker thought that a special acknowledgment was due to Dr. Ogston for having thought out this treatment, and for his boldness and success in putting it into practice. It was no doubt

the first step in the right direction in the treatment of this disease. Personally, however, he had not adopted Ogston's operation, but the modification of it first performed by his colleague, Mr. Reeves, and described by the latter gentleman, in the *British Medical Journal*, as "subcutaneous extra-articular osteotomy." This operation was a less serious one than Ogston's, and just as effective. He (Mr. Parker) believed that in children the operation could be performed without entering the joint; for the layer of encrusting cartilage, together with its synovial lining, would stretch rather than crack sharply off, as was probably the case in adults. Fortunately for his patients, he had had no opportunity of putting this opinion to the test of the post-mortem room.

A careful paper on

Colles' Fracture

and other fractures of the lower end of the radius was presented by Dr. E. H. Bennett, of Dublin. The author discussed particularly the bearing of comminuted fractures on the disputed question of impaction, showing that the proportion of comminuted to simple fractures is greater than has been admitted by Smith, and that the majority of these fractures present a remarkable constancy in their pattern. He demonstrated that the simple fracture without impaction, and the fracture with impaction only posteriorly, occur as seen in the specimens exhibited by the College of Surgeons; and again, that in comminuted fractures reciprocal penetration of the fragments, contrary to Voillemier's opinion, is the more frequent form of impaction. The following complications of Colles' fracture were shown to be present in the exceptional cases: 1. Necrosis of the lower fragment occurring in the simple fracture; 2. Fracture of the shaft of the radius and of both bones of the forearm; 3. Fracture of the styloid process of the ulna. With reference to the last of these complications, he showed that the fracture of the ulna is probably the result of traction exercised by the lateral ligament of the wrist: that the fractured styloid process unites commonly by ligament, with very trivial displacement. The specimens of the second group presented, in two instances, the features of the "articular fracture" of Gordon; in two, they agreed with the figure of Voillemier, being the reverse of Colles' fracture. The separations of the radial epiphyses were, in two cases, accompanied with the casts of the deformities presented by the limbs during life. The author briefly pointed out the diagnosis of this injury in the living from Colles' fracture; a distinction recently asserted to be impossible. The specimen of united epiphysary separation, if so rightly interpreted by the author, showed that in this instance only, in the entire series, was the relation of the radial and ulnar styloid processes preserved. The fracture of the styloid process of the radius was shown as of interest from its rarity and the small amount of deformity attending its union.

Dr. Meldon read a paper on

Intravenous Injection of Milk,

which was illustrated by five cases operated on by him. The first was one of exhaustion after typhoid fever. The second and fifth were patients in the last stage of phthisis, and in both life was considerably prolonged by the operation. The third and fourth were cases of anæmia, in both of which life was saved by the transfusion of milk. In the three last cases goat's milk was used, to which was added carbonate of ammonia. Dr. Meldon reviewed all the cases on record in which milk had been transfused, and made an analysis, showing the large proportion which have been successful.

In a discussion on

Poro-plastic Splints,

Mr. W. Adams said that in diseases of the spine these seem to be much superior to plaster-of-Paris. Dr. MacEwen, of Glasgow, suggested paraffin jackets. It could be laid on with a bandage, and by pouring cold water over it would in five minutes become as hard as bone. If necessary, the paraffin could be cut off; and it might be taken off at night and put on in the morning. He had, in some cases, kept on such jackets for three or four months, and found them very fair. Its method of application was very easy, and although a little dearer than plaster-of-Paris, it did not break down as often as the latter did. Besides, when a jacket had served its purpose, it could be melted down, and the paraffin would be as good as new.

Dr. Edwyn Andrew called attention to the use of

Medicated Ice.

He pointed out the advantages in certain surgical and medical cases of employing moulded or unmoulded ice; the cold being rendered more effective by being combined with the active principles of drugs, and this combination obtained by freezing various medical solutions. In operations, ice by this means may be rendered highly antiseptic, caustic, or styptic, etc., or these properties may be combined; it may be moulded into various forms, which can be readily handled and applied to parts of the body not easily reached. In medical cases, especially of the throat, stomach, and hemorrhages from internal organs, ice may be thus pleasantly used to relieve symptoms, and convey at the same time medicine and food to the stomach, when the latter would resist them in any other way.

In the sub-Section of Ophthalmology, Dr. J. R. Wolfe, of Glasgow, read a paper on

Obviating the Complications of Cataract Operations.

The risks attendant on operations for cataract were described as being connected with—1. The cornea; suppuration and sloughing of which may occur from various causes. 2. The iris; inflammation and destruction of the eye may arise from injury of this membrane during the operation, or from its subsequent prolapse into the wound. 3. The vitreous humor; which may be lost from the effects of disease, or the use of force. 4. The lens; which may sink or injure some of the structures in its exit, or its *débris* may cause panophthalmitis and collapse. The operation must be planned so as to avoid these risks, and the incisions and other steps must be adapted to the circumstances of each case. In *infantile cataract*, after opening the capsule widely, and allow-

ing the aqueous humor to soften the lens for two or three days, Dr. Wolfe removed it by means of a broad needle. This did away with all necessity for introducing instruments through the cornea for the removal of soft cataracts. In *senile cataract*, he generally performed iridectomy downward, two or three weeks before the extraction, in such a way that there was no risk of the iris being invaginated in the wound. In the extraction, he exposed the eye by means of a speculum, and fixed it with forceps. With von Gräfe's knife he made the incision at the junction of the cornea and sclerotic (including a line more than the third part of the corneal circumference), but did not complete it, leaving a small bridge. In withdrawing the knife, he opened the capsule widely with the point. Substituting his thumb and finger for the speculum, and using a cystotome, he made sure that the capsule was thoroughly opened, and then completed the corneal incision with another knife, and, by gentle pressure and counter-pressure, made the lens advance to the opening. He avoided giving chloroform, if possible. In *traumatic cataract*, when the lens was *in situ*, he made an iridectomy, and extracted it subsequently. When dislocated forward, he removed it without interfering with the integrity of the pupil. When it was dislocated backward, he brought it into the anterior chamber with a needle, and extracted it through a small corneal incision, not interfering with the iris, unless any injured portion of it called for removal.

Tobacco and Alcoholic Amblyopia.

Dr. Hirschberg (Berlin) opened the discussion on this subject. He said that much attention has been devoted to it since amaurosis from smoking was described by Mackenzie; and there has been, both in England and abroad, much difference of opinion regarding the share to be assigned to tobacco in the causation of certain well-known and common cases of failure of sight. While von Gräfe and many of his followers in Germany were drawing out the symptomatic differences between progressive atrophy and benign amblyopia, other observers, especially Hutchinson and others in England, worked at the natural history of the latter class of affections, and established the fact that abstinence from tobacco was followed by cure in most cases. Förster, uniting these two points of view, has given much greater definition to the subject, and shown that tobacco causes a symmetrical defect in the central part of each visual field, which accounts for all the symptoms, and which disappears partially or entirely when smoking is abandoned. The speaker had confirmed and amplified Förster's observations. He maintained strongly that tobacco is the cause of the majority of cases of amblyopia which present the following features: failure of both eyes alike, with nearly central scotoma and corresponding defect of color-perception, without any contraction of the visual field, never passing on to complete blindness, accompanied often by other symptoms of chronic nicotism, and improving or disappearing when tobacco is relinquished. In a minority of cases alcohol appears to be the cause; but the defect of the field in these is thought to be more truly central than in the tobacco cases. In a very few cases symptoms exactly like those from tobacco and alcohol occur without the operation of either of these causes.

In a paper by Mr. H. R. Swanzy, on

Color Blindness,

He stated that the method of Professor Holmgren, of Upsala, has received the greatest meed of popularity. It is conducted by means of colored wools, which are to be sorted according to a system, the two chief tests being by a skein of pale green wool and one of purple wool. By this means the color sense of an individual may be tested in the space of a minute or a minute and a half, while no word need be uttered on either side, and a large roomful of other people about to be tested may look on without vitiating the tests. There is also a method much in use in these countries, upon railways, etc.; it consists in a card with four colored squares, red, green, yellow and blue, to which the correct names are to be given. This is a bad method, for color-blind persons are often able to name colors correctly by virtue of a certain brightness which one color possesses as compared with another. Again, some uneducated people are not familiar with the names of colors, and in this way many seem, with such a test, to be color blind when not so. Holmgren, Cohn, Magnus and Joy Jeffries have been the principal observers of late as to the frequency of color blindness. Donders, Fontenoy and others have also examined large numbers. The percentages given by these observers was, among men, from 2.87 to 6.6. Among women color blindness is extremely rare. The highest percentage for them is given by Dr. Minder at 1.3. Cohn, in 1061 females, did not find one color blind; Magnus only one in 2216; and Joy Jeffries four in 7942. Mr. Swanzy had examined 1320 persons by Holmgren's method; of these ninety were women, and none of them were color blind. Of the 1230 males, eighty-two were more or less color blind, or a percentage of 6.6.

Dr. H. Macnaughton Jones gave his experience with a number of

New Alkaloids

used in ophthalmic surgery. He had found eserin useful in the various forms of corneal ulcer, especially marginal with suppurative tendency; in ulceration with perforation and collapse; in traumatic inflammation of the cornea, and suppurations of the corneal wound after cataract extraction; in mydriatic states, diplopia, asthenopia, aberrations of accommodation; and in glaucomatous states. The preparation used was the hydrobromate. He had employed a solution of gelsemin (six grains to the ounce) for ophthalmoscopic purposes, thus avoiding the inconvenience of the prolonged action of atropin. It sometimes produced marked motor disturbance, and slight conjunctival irritation, but these soon passed off. He had tried sulphate of duboisin in cases in which atropine was indicated, and had found it to have a beneficial action in keratitis, corneal ulcer, and in inflammatory painful states. It had been successful where atropin had to be relinquished on account of the irritation which it produced. He had never met

with an instance of the toxic effect of atropin in ophthalmic practice.

Mr. Vose Solomon (Birmingham) said his experience with eserin had taught him that it was of use sometimes in simple glaucoma, for reducing the tension, while sometimes it rather aggravated the symptoms. It often caused intense pain, and frequently produced conjunctival irritation. Daturin Mr. Solomon found to be as apt to cause irritation of the conjunctiva as atropin was.

Mr. G. E. Walker (Liverpool) thought eserin useful in preventing prolapse of the iris after cataract extraction and in glaucoma. He employed a solution of eserin of four grains to the ounce of water, instilled into the eye, before performing cyclotomy for glaucoma. He thought that the action of eserin disproved Donder's theory, according to which accommodation of the eye for distant objects was a passive action.

Dr. Edwyn Andrew (Shrewsbury) said he found that the use of eserin was liable to cause posterior synechia. He used the alkaloids, not in solution, but in the form of ointment, with vaseline as its base. By this means decomposition of the alkaloid was prevented.

Mr. Swanzy (Dublin) said he had been able to cure a case of acute glaucoma by instillation of solution of eserin. Duboisin, in his experience, had no advantage over atropin, but in some persons readily caused toxic symptoms.

Mr. Story (Dublin) also had had cases of poisoning from duboisin. He had employed the alkaloids in ointment form with vaseline, with satisfaction, for a long time.

Dressings for Injured Eyes.

A paper on this subject was read by Dr. H. Macnaughton Jones, of Cork. He stated that it is of importance to secure rest without either causing pressure on the globe, heating the organ, or preventing the escape of tears or any other secretion. So, also, to resort to the use of cold dressing was often a dangerous step. If employed, it must be sedulously sustained, and its effects carefully watched. Once commenced, it was difficult to relinquish it. The small ice-bladder or the piece of linen must be changed occasionally. Nevertheless, it often became heated, and was a source of danger. The cotton-pad was heating, and required a skillful hand in applying it. It imprisoned the secretion often adhering to the eyelids. In January, 1877, having seen recorded Dr. Levis's plan of dressing, in the PHILADELPHIA MEDICAL AND SURGICAL REPORTER, Dr. Jones determined to try it, and since had pursued it almost entirely, especially after cataract operations. He could strongly recommend it. He quoted the description there given. "A few semicircular pieces of black silk are placed on the upper lid, to stiffen it, and cause it to act like a splint, and then a straight piece of the adhesive plaster is superposed from the root of the nose to the cheek. The other eye is also closed the same way. This—much lighter and cooler than the cotton packing usually placed over the eye—allows all secretions, which are so apt to cause conjunctivitis, to drain away from under the lid, and enables the surgeon to look at the eye and instill atropia without moving the dressing. At the same time, it perfectly protects the eye, which cannot be opened because the stiffened upper lid will not allow itself to be raised." Dr. Jones used a few pieces of isinglass adhesive plaster (Seabury & Johnson's). The lids being closed, from the nose to the external angular process, smoothly and lightly over the upper eyelid, a few more were then placed on the lower eyelid, and then some pieces were brought from the upper to the lower lid, and held in place by a few extra transverse strips. The patients liked the dressing; the upper lid acted as a splint to the wound, and it had all the advantages described above.

The sub-Section on Otology was opened by Dr. Cassells, of Glasgow, who, in a brief address, referred to the recent progress of this branch, and in concluding nominated Dr. Laurence Turnbull, of Philadelphia, who was present, to be Chairman of the section. This nomination was unanimously carried, and Dr. Turnbull took the chair and replied in an address of thanks for the honor.

Papers were read on throat deafness, by Dr. E. Woakes, followed by one on

Intra-tympanic Injections,

by Dr. Cassells. The result of his investigation had been to convince him that the use of intra-tympanic medication of the diseased tissues of the middle ear was without value separated from the act of inflation, by which the introduction of the fluids into the tympanic cavity was effected; and he had therefore abandoned their use for the last seven years. The good results which were obtained, in his opinion, by those injections, where they were obtained at all, were due to the inflation of the tympanum by the air contained in the fluid, or driven in along with it, and not to the medicated fluid itself. It was not possible to break up adhesions, dissolve mucus, and generally restore the mobility of the tissues of the ear by medicated solutions, such as of zinc, copper, iodide of potassium, chloral, and chloride of sodium, while these tissues themselves, and the mucus contained in the tympanum, outside of the body, were found totally insoluble in such solutions as liquor potassæ, absolute alcohol, and nitric and muriatic acids.

Among numerous other papers presented to the sub-Section, was one on

Tinnitus Aurium,

by Dr. Laurence Turnbull, Philadelphia, giving the statistics of 166 cases in which it appeared as a prominent symptom. Mr. W. D. Hemming also read a paper on the subject. In the discussion which followed electricity was generally recognized as useless, while hydrobromic acid has a positive value.

—The celebrated London physician, Dr. Mead, is said to have quarreled on some point of precedence, and fought a duel, with Woodward, the scientific geologist, in the archway of Gresham College, Bishopsgate, where two sculptured figures still commemorate the feat. As Mead stood over his fallen antagonist, with drawn sword, he said, "Will you beg your life?" "Never!" was the unvanquished and ready answer; "Never, till I am your patient, Doctor!"

Editorial Department.

Periscope.

Successful Management of Diphtheria.

In forty-five cases of diphtheria, Dr. S. S. Boyd, of Indiana, had but one death. He thus describes the method he pursued (*American Practitioner*, July):—

When called to see a patient, if I found that his bowels were moved daily, which was generally the case, I administered no purgative. When I thought the bowels should be evacuated, I ordered sulphate of magnesia or bitartrate of potash in small doses, until mild catharsis was established. Four grains of sulphate of quinia and sixty drops of hydrochlorate of iron were given after each meal. I prepared a large swab, made of a strip of muslin raveled on one edge, and so wrapped around the end of a stick or whalebone that it made a soft brush, but four times as large as we usually find camel's hair brushes. Dipping this brush in the tincture of muriate of iron, it would absorb half a drachm of the fluid. Then depressing the tongue, I gently pushed the swab back between the tonsils until it touched the back wall of the pharynx. This caused a contraction of the muscles of the fauces, so as to drive the fluid into every part of the pharynx. This simple operation I performed only morning and evening.

In those cases where there was much fetor of breath the patient was ordered to gargle the throat frequently with whisky and carbolic acid, ten drops of the latter to an ounce of the former. I also advised them to swallow a little of the same each time they used the gargle. In two of the more serious cases I ordered an ounce of whisky with two drops of carbolic acid, three times per day. In my own case, out of respect for my medical friends who visited me, I took four or five fifteen-grain doses of chlorate of potassa.

Paralysis and Impotence, from Spermatorrhœa—Cure.

In the *Canada Medical Record*, Mr. C. R. Roberts, of London, Eng., gives the case of a man 35 years of age, married, three children, with complete loss of motion in the lower limbs. No cause for the paralysis could be found until, on examining the urine with the microscope there appeared to be spermatozoa floating in it, and this further examination placed beyond question. Following up this clue I elicited that he had for several months experienced an almost constant desire for sexual intercourse, with a gradual diminution of power and an increase (until they became of nightly occurrence, and frequently in the night) of seminal emission while asleep. There was no priapism, and the testes appeared normal. He is a married man and the father of three living children. His wife states that for a long time he has been always wanting to, but quite incapable of, discharging his marital duties. Now what was to be done in a case of this kind, which appeared to be hopeless? I felt inclined to despair, but remembering a case which occurred to me at Salisbury, I determined to take him in hand. He was ordered to be well purged twice a week, with calomel and colocynth, at bedtime, and sulphate of magnesia in the morning; galvanism was applied night and morning to the back and legs; he was held up every morning in a bath, with his feet in warm water, while the cold shower bath was administered for two or three minutes, afterward increased to five, and eventually to fifteen minutes, and was given thrice daily five minims of tincture of nux vomica and five minims of the tincture of sesquichloride of iron, in an oz. of water (this dose of each was after an interval doubled, then trebled and eventually quadrupled, and this larger quantity he took daily without any intermission for twelve months and upward); all attempts at sexual intercourse were strictly forbidden, and he was ordered as good and as nourishing a diet, with stout, wine, etc., as their circumstances would permit. This plan of treatment had a most charming and satisfactory result; in a few weeks he was enabled to get out of bed, and holding by the bed hobble round it; he became able to walk with crutches, then with one and a stick, then with two sticks, and for some weeks before I left, in February, 1879, he walked down to me many times, a distance (both ways) of nearly seven miles, without any assistance whatever, although he always carried a stick. The spermatozoa disappeared entirely from his urine, and he was allowed and enabled to perform his marital duties in moderation and with success.

Chloral in Vomiting in Pregnancy.

In the *Virginia Medical Monthly*, Dr. J. H. Scarff reports four very successful cases of vomiting in pregnancy cured by chloral hydrate. We quote two of them:—

Case 1.—Mrs. S., fifth pregnancy; nausea and vomiting incessant from the beginning of her last pregnancy until I saw her, October 16th, 1877. I ordered for her cerium oxalate and bismuth subnitrate, which gave her temporary relief. In a few days she sent for me again, when I found her condition most deplorable. I prescribed for her one remedy after another, with little or no success. I concluded to give her the chloral, and ordered for her forty grains, to be prepared in a mucilaginous mixture. I instructed the nurse to inject one-half per rectum, which was done at 8 P.M. She slept an hour or two that night, but nausea and retching returned again in the morning. Chloral was repeated, and nausea ceased for awhile during the day, allowing her to retain a small quantity of milk and brandy. Twenty grains of chloral were repeated at night, and she slept all night. I saw her early the following morning, and notwithstanding she said she felt very well, I repeated the chloral, and am happy to state I did not have to give her another dose of medicine until she was confined, April 6th, 1878.

Case 2.—Mrs. M., of Washington, primipara, while visiting her mother in this city consulted me in regard to morning sickness, or indigestion, as she termed it. I questioned her as to the possibility of her being pregnant, but she did not know, as it was nearly a week before the time for a recurrence of the catamenia. I prescribed for her tincture of calumbo and lime water, which benefited her for a few days. I finally changed from one remedy to another, her case growing from bad to worse, until the vomiting became incessant. The success in Case No. 1, by the use of chloral, tempted me to try it again. Twenty grains of chloral in solution were injected into the rectum, and this treatment was continued night and morning until four doses were taken, which resulted in a complete cure.

The Catarrhal Form of Diphtheria.

Various cases of this form of diphtheria are reported by Dr. W. J. Fairfield, in the Detroit *Lancet*, August, 1879. He says of it—

The patient, with the exception of some degree of prostration and weakness, is usually recovered by the third or fourth day.

This form is liable to be mistaken for a simple pharyngitis, where there are patches of exudation. But in a simple pharyngitis the patches of exudation are accumulations of a modified form of the natural secretion around the mouths of the follicles, and dip down into the cavity of the follicles. The secretion is soft and semi-fluid, pultaceous, and almost wholly mucous. In the catarrhal form of diphtheria the patches are not confined to the mouths of the follicles, but are generally found on the most prominent points of the tonsil or part where they are formed.

Sometimes there is slight erosion of the mucous membranes of a tonsil or other part, and the yellow suppurating surface presented by the ulcerations may be mistaken for a diphtheritic patch, but the border of the ulcers can be plainly seen, as well as the loss of substance, which rarely occurs, if ever, in the catarrhal form of diphtheria.

I feel that it is dangerous to recognize diphtheria only in its severer and plainly marked forms, for by so doing suffering may be extended and life sacrificed.

The following facts I present you as establishing a catarrhal form of diphtheria; facts which have been brought to light by well known and competent observers:—

1. It is prevalent in connection with an epidemic of typical diphtheria.

2. Occasionally germs from this form will produce croupous diphtheria.

3. Sometimes it precedes the more severe form, continuing three or four days and then merging into the croupous form.

5. Traces of albuminuria which have been found to occur in the majority of severe cases, have been found in some of these.

5. Microscopic examination of the exudate reveals the micrococci and bacteria termo, which are always found in diphtheritic membrane.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The causes, symptoms and treatment of lacerations of the cervix uteri are detailed by Dr. A. Reeves Jackson, in a reprint from the Chicago *Medical Journal and Examiner*.

——Dr. John Eastman, in a reprint from the *Transactions* of the Indiana State Medical Society, gives a careful summary of the rules and precautions to be observed in excision of the knee joint, with illustrative cases.

——In a paper on statistics of placenta prævia, collected from the practice of physicians in the State of Indiana, Dr. Enoch W. King, of Galena, Ind., presents a series of results, valuable for comparison with the figures of other writers.

——It is satisfactory to record the disenthralment from their delusions of the honest disciples of Hahnemann. In a pamphlet before us, by Dr. H. M. Paine, of Albany, he closes with the significant words—

"Inasmuch as the *Organon* [of Hahnemann] is considered the only correct exponent of homœopathic principles, all that portion bearing on the theory of dynamization should no longer receive the support of the homœopathic medical profession."

——Lippincott's Magazine for October has a pleasing variety of entertaining articles and handsome illustrations. One of the contributions, "The Double Life of Martin Staples," is a curious psychological study, in the style of some of Poe's writings. If not founded on fact, it has great verisimilitude. It portrays a not uncommon form of epileptic mania, in the attacks of which the patient believes he lives an entirely different life and yet is the same, himself and yet another.

——Parts III and IV of "Photographic Illustrations of Skin Diseases," by George Henry Fox, A.M., M.D., the earlier numbers of which we noticed in the Reporter, July 5th, have appeared. They contain specimens of fibroma, varicella, zoster, eczema, leucoderma, chromophytosis and favus. These plates are taken from life, and colored with great accuracy. They have met immediate recognition from the most distinguished dermatologists. Published by E. B. Treat & Co., 805 Broadway, New York. Price $2.00 per part.

——"Vegetarianism the Radical Cure for Intemperance," is the title of a pamphlet of 79 pp., by Harriet P. Fowler (New York, M. L. Hol-

brook & Co.). Her argument is that meat causes intemperance, by its absence of carbonaceous properties, and by its stimulating effect upon the stomach and nervous system. The assertion is reiterated that those whose diet consists chiefly or wholly of vegetables do not crave alcoholic drinks. Nothing is said of the Irish or Scotch peasantry, who are lucky if they taste meat once a week, but who are always eager for their fiery whisky; nothing of the peasantry of the south of Europe, who also rarely touch meat, yet who look on wine as a necessity. For ourselves, we believe the exact contrary of the author's theory can be maintained with equal plausibility.

——Certain writers of the present day take great delight in asserting that the present, especially the present American, generation is weaker, smaller and more subject to a variety of ills, than were its ancestors. Dr. C. Fayette Taylor is one of these. In a paper read before the New York Odontological Society, on "Emotional Prodigality," he has much to say of the weakness of American girls, their nervousness and emotionalism. He thinks they are taught too much, fondled too much, urged too much. He exclaims—

"The result is deplorable. With the mind thus forced to an unnatural activity, the emotions strained up to the highest tension, at such an important period, what chance has the body to attain a perfect growth or the various functions to be properly developed? Hence we see that generation after generation becomes smaller and smaller, until nature ceases to reproduce its own, and new blood has to be brought in to keep the race from dying out. Take a walk on the avenue of a Sunday afternoon and witness the large proportion of diminutive men and women whom we shall meet. Then tell me if I have overdrawn the picture."

We think he has, to an absurd degree. There is positive evidence that the present generation is neither weaker nor smaller than its predecessors, but the reverse; and from considerable personal observation we maintain that American school girls are as healthy, cheerful and handsome as any to be found in the world.

——The same writer, in a reprint from the Boston *Medical and Surgical Journal*, makes some instructive observations on the mechanical treatment of diseases. He observes—

"It is absurd to speak of 'an instrument for hip disease.' There can be no one complete instrument for hip disease. There can only be instruments calculated to answer the indications present at some stage of hip disease. The surgeon who treats disease of the hip-joint by a method calculated to fulfill but a single indication, whether by gypsum or other bandages, sand bags, splints, or what not, fails, in my opinion, in his conceptions of the elements of the case, as he surely will fail of securing the best attainable results."

BOOK NOTICES.

A Treatise on Hygienic and Public Health. Edited by Albert H. Buck, M.D. Volumes I and II. New York, Wm. Wood & Co.

This handsome work, in two large volumes, of nearly eight hundred pages each, is in size and type uniform with Ziemssen's *Cyclopædia*. The editor states that it is in some measure intended to take the place of the first volume of the original of that series, which is concerned with public health, but treats the subject from a point of view so entirely German that it would be of comparatively little value in this country.

The volumes are a collection of monographs on separate subjects relating to public health, composed by American writers with special knowledge of the different branches they handle. It is sufficient to say of these contributors that they include many of the most eminent sanitarians in this country, and the productions they have furnished give evidence of attentive and careful study, quite equal to that to be found in any foreign work in any language.

The scheme of the work is to divide the general subject into four parts, treating respectively of individual hygiene, habitations, occupations and public health proper. These are preceded by an introduction on the causes of disease and the jurisprudence of hygiene.

Individual hygiene begins with the newly born infant, takes it through its nursing months, discusses the diets suitable to it, both as substitutes for mother's milk and when it commences independent eating, and carries it up to the age of schooling. This section is written by Dr. A. Jacobi, of New York. The subjects of food and drink, by Dr. Tyson, of Philadelphia; and of drinking water, by Dr. Nichols, of Boston; give the physiological chemistry of these aliments as far as known, and the cautions necessary in their use. The chapter on physical exercise, by Dr. Hall, of New York, contains, among other interesting matter, some judicious instructions on training, and the wisest rules for the development of muscle, which are very timely just now. This part closes with a chapter by Dr. Van Harlingen, on the care of the person. It is at once entertaining and sensible.

The subject of habitations is considered first with reference to the surrounding soil and water, including drainage, soil pollution, the

ground water, sewerage and the selection of a site. The writer is Dr. William H. Ford, at present the President of the Board of Health in this city, and a most competent authority. The atmosphere, which is next considered by Dr. Lincoln, of Boston, includes not the air merely, but meteorology, climate, ventilation and heating as well. Numerous diagrams and cuts are inserted in these articles, which facilitate the explanations of the authors. The part closes with a chapter on hospital construction, by Dr. Francis H. Brown, of Boston.

The portion on occupations discusses the relative dangers and advantages which they present, from a sanitary point of view, and then proceeds, in separate chapters, to discuss the hygiene of camps, of the naval and merchant marine, of coal mines and metal mines. Camp life is contributed by Dr. Charles Smart, Asst. Surg. U.S. A., and the article on the naval and merchant marine by Dr. Thomas J. Turner, Med. Director, U. S. N. Dr. Turner is an experienced surgeon, and has long made naval hygiene a specialty, but the securing his pen for the hygiene of the merchant marine, when there are so many surgeons of the United States Marine Hospital Corps who have distinguished themselves in sanitary studies, is an injustice to that corps which Dr. Buck should not have committed.

The last part, on public health proper, treats on the causes of infant mortality, the registration and investigation of vital statistics, the methods of detecting adulterations of food, the various offensive trades and processes which are considered public nuisances, quarantine, the prevention of smallpox and syphilis, the various disinfectants and their uses, sanitary associations in villages, and the hygiene of schools. A well prepared index closes the work, and many of the monographs have appended to them tolerably complete bibliographies.

It will be seen that the ground is well covered by this treatise, or collection of treatises, and one cannot doubt but that much good will be accomplished, both in and out of the profession, by its circulation.

Transactions of the Thirty-fourth Annual Meeting of the Ohio State Medical Society, June, 1879. Columbus, Ohio.

Transactions of the Medical Association of Georgia, 1879. Atlanta.

At the Ohio meeting the address of the President, Dr. B. B. Leonard, was on State government and the medical organization. He touches to the quick the need of an anatomical law in that State. Speaking of it and allied matters, he remarks—

"Strange as it may seem, gentlemen, much of the opposition given to the progress of our calling comes from the clergy, those who ought to be our friends and allies. Those whose grave duties look to a cure of the evils in the soul ought to aid us who are seeking to alleviate the ills of the body. Many of these men, if not openly our enemies, are certainly not our friends."

If Dr. Leonard had thought about the history of the neighboring State of Pennsylvania, he might have concluded that the doubts entertained by the earliest settlers of that commonwealth as to the propriety of making a business of teaching religion have some foundation. Dr. Roberts Bartholow contributes a short paper on the treatment of consumption, including climatic and therapeutic resources. The preservation of good eyesight and the use of spectacles is the subject of a paper by Dr. J. H. Buckner. Other original papers are by Dr. Kinsman, on hog cholera; by Dr. J. C. Reeve, on mind anæsthesia; by Dr. P. S. Conner, on the plaster-of-Paris roller in the treatment of club foot; on tubercle, by Dr. H. J. Herrick; on sanitary laws, by Dr. Geo. E. Walton; on glaucoma, by Dr. S. C. Ayres; and on the metric system, by Dr. J. F. Baldwin.

Of the papers in the Transactions of the Georgia Association, we have on previous occasions referred to those on quarantine, by Dr. Le Hardy, and on yellow fever, by Dr. Westmoreland, and the effect of tobacco on the eyesight, by Dr. Calhoun. Other original papers are by Dr. H. F. Campbell, on uterine flexions; on the toxic effects of bromide of potassium, by Dr. C. H. Hall; on reflex excitability, by Dr. A. W. Griggs; traumatic tetanus, by Dr. A. R. Taylor, etc.

The address of the president, Dr. J. T. Johnson, of Atlanta, is, as he says, upon a topic as old as the profession itself, though for all that not a venerated one—the poverty of physicians. We have read closely, in hopes that he had discovered a specific for this chronic malady of the pocket, but, alas! we hoped in vain. One after another he takes up the alleged specifics—business habits, cash payments, black lists, prompt collections, etc., but pronounces them inert, or nearly so. Finally, he has recourse to philosophy and resignation, and concludes with the wise though disappointing information that—

"Wealth can bring no contentment more serene than the consciousness of duties well done; and, at last, there is no happiness more complete than the sweet memories of a life well spent."

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SOME POSSIBLE EXPLANATIONS OF MIRACULOUS CURES.

The acute historian, A. W. SCHLEGEL, makes the profoundly correct remark that no advance in scientific culture, no increasing perfection of social order, is a guarantee against occasional reversions to superstition and fanaticism. It is indeed true, as Pliny observes in his *Natural History*, that the more readily miracles are received by foolish and superstitious persons, "*simplices et religiosi*," the more numerous they will be reported to be; but at all times there are dispositions with a bias to the supernatural explanation of facts, and an inborn tendency to mysticism, who prefer to accept on faith rather than to explain by knowledge.

The domain of medicine has always been a favorite one for the dealers in wonder-works, and it remains so to this day. This summer just past has illustrated it anew. The secular and religious Protestant press have chronicled quite a number of cures of chronic diseases, the result of prayer. We noted that the camp meetings were more efficient in this direction than usual. In France, the shrine of "Our Lady of Lourdes" has attracted thousands of pilgrims and performed many cures. We take from "*Le Monde*," a paper published in Paris, a description of one of these pilgrimages, now-a-days no longer performed with staff in hand and sandals on feet, but in the more commodious plan of traveling devised by worldly men. The writer says:—

"The six hundred sick and suffering took their places in the train with some trouble. The hospitality and kind offices of the Poitevins were admirable. More generosity or delicacy was impossible. A person deprived of sight for several years was suddenly cured on the way, while the chaplet was being recited for the sick. * * * The five trains have safely arrived. A train from Carcassonne and another from Bordeaux are expected. We went straight to the grotto, where the cures were at once manifested. The sick who were cured left their crutches at the grotto. All the pilgrims express feelings of the greatest faith, hope and gratitude."

As the Virgin of Lourdes, has, we are informed, never been officially recognized by the Papal authorities, a member of that church has it open to him to accept or reject the supernatural character of the cures there performed. That they are real and numerous, there seems no room for doubt, and the same must be said of some of those previously referred to as recorded in this country.

It is strictly within the limits of medical science to examine and discuss these facts; indeed, the physician who would refrain from doing so or would object to approaching them, is either timid or does not appreciate the duties of his profession.

Assuming them, then, as actual facts—and we repeat, there exists no reasonable doubt about them—we should inquire, first, whether they are capable of explanation by known laws of the mental and physical organism.

The reply to this is that the influence of the mind on the body through expectant attention, fixed belief, and confident trust, is powerful enough to effect the cure of many functional, nervous and mental diseases. These include all forms of hysteria, and many phases of epilepsy, paralysis and lameness. In a vast number of diseases which present obstinate and serious symptoms, but all traceable to some neurosis as a

starting point—a condition of affairs by no means infrequent, as for example in some forms of dyspepsia, and neurasthenia—the removal of this neurosis would be followed by a disappearance of the whole train of sequent evils.

It has been further amply proven that processes of repair are greatly influenced by expectant attention and confidence. This has been shown over and over again in the healing of ulcers and wounds. There is as much and as good evidence that scrofulous sores were repeatedly healed by the royal touch as for any fact in history.

As the emotions of doubt, fear and despair are almost certain to jeopardize a patient's chances, so the contrary emotion of hope greatly improves his condition. As Feuchtersleben forcibly remarks, in his *Elements of Medical Psychology*, "Hope preserves the principle of duration when other parts are threatened with destruction, and is a manifestation of the innermost psychical energy of Life." When Hope is exalted into Faith, into that perfect faith which casts out fear and knows not doubt, how much more potently must it work on the economy? In truth, we are hardly ready to set any limits to the action.

By the explanations here suggested a very large number of such cases can be rationally understood. To these must be added the percentage of simulated or artificial diseases, a certain number of which are sure to be found in every large hospital. It is almost a mania with some people to pretend to be sick; and it is part of the trade of others to entertain a disease which they could get rid of soon enough were they really to wish it. Some of these cases are deliberate malingerers, others are so out of a desire for sympathy or for notoriety. They are found in all classes of society, and are sure to come to the front in incidents like those we are considering, where some capital is to be made.

Thirdly, there must allowance be made for exaggerated statements, both on the part of the patients and the observers. Without casting doubt on their honesty and good intentions, the very circumstances surrounding all these miraculous cures forcibly incline both parties to hasty and overdrawn accounts. They both desire to magnify as much as possible the agency of the supernatural, and hence are apt to color deeply the disease and its dangers.

These are the rational explanations which all should be willing to recognize and apply, as far as they will go. They should allow the Horatian maxim, not to call in the god unless the crisis requires his aid. Whether all the miraculous cures can thus be explained away, we do not pretend to say. As no law of nature is absolute, we should be prepared for exceptions to all of them; and it is not the truly scientific frame of mind to deny the *possibility* of any occurrence; we are only arguing for that first maxim of inductive science, that where several explanations of a given occurrence are possible, we should always prefer that which is simplest, most easily understood, and most in accordance with other similar occurrences.

Notes and Comments.

Increase of Consumption in Southern Latitudes.

We have on a previous occasion noted the steady increase of deaths from phthisis among the natives of the Madeira Islands, Naples, Florida, and other warm health resorts. The New Orleans *Picayune*, August 5th, calls attention to the same fact in that city. It says—

"The attention of our physicians might profitably be devoted to the consideration of the conditions which have caused the large increase in this city of mortality from consumption. Not many years ago this disease was comparatively rare in this latitude. The mild and equable climate was considered beneficial for persons with consumptive tendencies, and many came from colder latitudes to take refuge in New Orleans from the rigors of northern winters. Last week's mortality report records the death of twenty-four persons from consumption. At this rate the mortality would, for the year, be in excess of that from all fevers combined."

It is probable that the fact here recorded of the many consumptives who pass the winter in New Orleans explains the increasing deaths from the disease of the natives; for it may be believed to be natives only, and not visitors, whose deaths were recorded in July.

Therapeutical Notes.

IODIDE OF ETHYL IN ŒDEMATOUS LARYNGITIS.

In the *Annales des Mal. du Larynx* Dr. Capitan records a case of œdema of the glottis which occurred in the course of a pulmonary disease after catching cold. All the dangerous symptoms of suffocation, dyspnœa, and pain in swallowing, occurred, but were successfully combated in a few days by the inhalation of ethyl iodide.

TINCTURA FERRI PERCHLORIDI IN DIPHTHERIA.

Dr. James Carmichael writes to the Edinburgh *Medical Journal*, August: "I was formerly in the habit of frequently applying hydrochloric or carbolic acid or other strong solution to the throat; but of late I have been content with a single, or much less frequent, recourse to these strong local applications, or even with their entire abandonment, trusting solely to the tincture of the perchloride of iron, administered in very frequent doses—10 to 15 minims in ℥ ss. of water every hour, or even oftener. When taken thus, I believe the drug exercises sufficient direct action on the throat during deglutition to enable us to dispense entirely, in the great majority of cases, with any other local application whatsoever."

ARSENIC IN ASTHMA.

An Italian physician, Dr. Martelli, reports great and immediate benefit in the paroxysms of asthma, by the hypodermic injection of a few drops of Fowler's solution—one part to two of water. Dr. Berkart, in his late monograph on asthma (noticed in the REPORTER a few weeks ago), quotes favorable opinions of its effects given internally and by fumigation; but says nothing of its subcutaneous use.

THE CHLORIDES OF LITHIUM AND PLATINUM AS NERVINES.

The chloride of lithium has been used lately by Dr. S. Weir Mitchell, of this city, as a nervine tonic in epileptic excitement. The chloride of platinum was some years ago advocated by Huss (Köhler, *Spec. Therapie*, I, p. 656). The operation of these drugs seems uncertain, or, at least, has not yet been clearly defined. It would be interesting to have reports upon them.

The Treatment of Diphtheria and Anginous Paralysis.

On this subject Prof. Hardy, of Paris, remarks, in one of his lectures, that cure is the rule, and the cure generally supervenes of itself, the *rôle* of the physician being to assist it; to do this, one should raise and sustain the strength of the patients, by means of iron, quinine, coffee and nourishing food. In some special cases one may have to interfere, by the œsophageal tube, to assist deglutition when it cannot be made without fatigue or danger by the patient. In cases where the paralysis of the soft palate or of the pharynx does not improve rapidly under the above treatment, have recourse to electricity, in the form of interrupted currents, or still better, under the form of the continuous current, employing remedies which have a special action on the muscular fibre, such as nux vomica; use at the same time sulphurous baths, which may be given several times a week.

Prevention of Cystitis after Cantharides.

M. Guyot Dannecy, as quoted in the *Practitioner*, recommends the incorporation of a certain quantity of carbonate or bicarbonate of soda in place of powdering blisters with camphor, as is generally done. For this purpose he mixes equal parts of carbonate of soda and cantharides powder, and then spreads the mixture upon the plaster. The blister is fixed by strong pressure with the palm of the hand, and is covered with a layer of oiled silk. The vesicant acts as rapidly and as surely as one made with the simple powder of cantharides without any admixture with other substances. The experience of the many years during which it has been in use at the Bordeaux hospitals tends to show that the addition of the soda salt is a much safer preservative than camphor against those accidents to the neck of the bladder which occur so frequently after the application of blisters, whether or not they have been previously camphorated.

Extract of Beef by Expression.

A variety of succus carnis or meat juice is extensively used in St. Petersburg by invalids and infants, in the place of raw meat. It is said to contain all the constituents of the latter in solution, being prepared by expressing fresh beef by means of hydraulic presses, and filtering. It is a clear, red liquid, having an acid reaction, a pleasant taste, a specific gravity varying between 1.031 and 1.037, and mixes clear with a little hydrochloric acid, but is coagulated by a larger proportion of the latter, and also when boiled. It is not rendered turbid by acetic acid and sodium chloride, and was found to contain albumen, gelatin, sugar, creatin, inosinic, lactic and carbonic acids and oxyhæmoglobin. The ashes contained potassium chloride, sodium chloride, and phosphate and sulphates of calcium, magnesium and iron. Whether any of the "beef extracts" in the American market are prepared in this manner we cannot say, but it would seem to be an excellent method.

Ancient Forms of Nervous Disease.

In drawing the broad distinction that he does, in a letter in this number, between physical and psychical nervous diseases, does Dr. George M. Beard write in the full light of modern pathology? Does not that teach that *all* disease is physical? Is not the difference which he points out between the two forms of nervous disease merely one of expression and interpretation, as he himself intimates in the last sentence of his quotation from the *Quarterly Journal of Inebriety*?

Both the soundest theologians and the most skilled physicians of the Dark Ages maintained that the nervous maladies so prevalent then were physical, more than mental. St. Augustin says the subjects of them were generally of feeble bodies and subject to bile and humors; Cornelius Agrippa, that the "possessed" were weak and melancholy persons; Pomponatus, that they only needed medical treatment, and could be cured by it; and the historians of medicine are full of further evidence to the same effect.

The Cooling Treatment in Measles.

This plan of treatment was strongly advocated years ago in the REPORTER, by Dr. Hiram Corson, and it is gratifying to observe that in the Atlanta *Medical and Surgical Journal*, for September, Dr. E. A. Cobleigh reports a number of cases most successfully treated by it. He concludes his article by saying—

"Of the cases mentioned, nearly all complications spoken of arose in persons who had been first medicated with hot teas, hot rooms, hot beds, hot baths, starved and purged, according to popular custom. On commencing a radically opposite plan, they improved as by magic from the start, and without exception expressed or manifested immediate relief from what had previously been torture. In most cases the eruption was extensive while using the cold to interior or exterior or both; and in a few instances it was excessive, showing beyond controversy—and one fact is worth a hundred unsubstantiated theories, however plausible or scientific—that cold does not repel the cutaneous manifestations of rubeola or any other exanthem, where nothing else interferes.

"If physicians who are afraid of cold in measles will only try it once, they will lose all fear of the method; will be happily disappointed at the prompt recovery of their patients; will find not only their sufferings mitigated, but actually shortened as well, though I do not claim abortive powers for the antipyretic plan of therapeutics; will meet fewer troublesome complications and almost no pathological after-conditions."

The Dangers of Improved Habits of Life.

In one of the most pleasing of George Sand's novels, *Le Meunier d'Angibault*, she records the singular observation that when a French peasant, brought up on a spare and chiefly vegetable diet, enriches himself sufficiently to indulge in meat every day and the other comforts of a *bourgeois*, it nearly always kills him in a very few years. A similar observation is made by Dr. Henry Gibbons, Jr., of San Francisco, in a late paper, entitled, "Notes on Hospital and Private Practice." He says:—

"The conclusion has forced itself on my mind, that the transition from a rugged mode of life, with simple fare and much exposure, to the comforts and luxuries of a higher civilization, is a hazardous experiment on the human constitution. We observe it particularly in the native Indians, who, when transferred from their wild life to the domestic service of the white population, become remarkably sensitive to the causes of disease, and when taken sick, succumb almost invariably and without exhibiting any power of resistance. When I find an Indian in the hospital ward, I very generally expect him to die, particularly if he has the slightest pulmonary disease. The same observation holds good, though not to the same extent, in regard to native Californians of mixed Spanish and Indian blood."

CORRESPONDENCE.

The Prevalence of Nervous Disease.

ED. MED. AND SURG. REPORTER:—

I find, on my return from Europe, a copy of your editorial (July 26) on my lecture on "American Nervousness, its Philosophy and Treatment." The reply is very simple. The facts in regard to the prevalence of hysteria and hysteroidal affections in the middle ages are not only admitted, but insisted on, by me. Indeed, I long ago called attention to the fact that affections of this kind were of a twofold character, *physical and psychical or mental*, and to the fact that the psychical or mental forms were far more common in the middle ages and among semi-barbarians, or, at least, among people but partially civilized, than in recent times. On the contrary, the physical forms of these diseases have arisen and developed with amazing rapidity during the last half century or more, in civilized countries. There are nervous diseases, and nervous diseases, and nervous diseases; to say that nervous diseases in general, as a whole, without regard to

their nature or origin, have either increased or diminished, would be unscientific.

The lecture which you criticized was devoted mainly to *physical* as distinguished from psychical forms of functional nervous diseases. This distinction is vital and fundamental, and has been again and again presented by me in discussing these theories. I quote the following paragraph from a paper of mine published in June, 1878, in the *Quarterly Journal of Inebriety*. The nervous diseases of this class described in this paragraph are *diminishing* with civilization and the increase of intelligence:—

"Hysteria appears under two quite distinct forms—the one psychical, the other physical. In the psychical or mental form the symptoms are the result solely of an unbalanced mind powerfully excited by some emotion. This form of hysteria occurs in persons who are vigorous and muscular; their bodies are strong but their brains are weak; they have more emotion than reason, and the few faculties they have being but slightly trained, they are easily 'thrown off the centre,' to use a nautical phrase, and when any great excitement appears they develop the symptoms of hysteria, with convulsions, contortions of muscles, anæsthesia, or numbness, and so forth. In modern times, and in this country, Irish servant girls illustrate very frequently this type of hysteria; in the middle ages large communities were thrown into a state of hysteria and of trance by mental excitement alone, and as functional nervous diseases were at that time comparatively unknown, it is just to assume that these epidemics of hysteria and hysterical disorders were largely if not entirely of a psychical nature—unbalanced and untrained minds acting on strong and vigorous bodies. In our time and country, among the higher circles of society, a very different type of hysteria appears; exhausted, neurasthenic bodies, under the influence of fatigue or worry of excitement, develop many of the same symptoms as are experienced by those afflicted with psychical hysteria."

The fallacy that destroys the reasoning of Hæser and other writers on this subject is, that they do not understand this distinction between psychical and physical diseases.

On this subject there is one other point of interest, namely, that structural organic diseases of the spinal cord are more common in Great Britain and Central Europe than in America, whereas functional nervous diseases, such as neurasthenia, sick headache, *physical* hysteria, and hay fever and inebriety, are more common in America than in any other part of the world.

The object of this lecture on American nervousness was not to bring out these distinctions, but to account for the nervousness of the American people and to point out the methods for relieving it.

I may say also that the books of travel to which you refer agree in this, that such conditions as trance (under various names, as ecstasy, somnambulism, catalepsy, possession, etc.), and what I call mental forms of hysteria, leading sometimes to actual insanity, have existed in all historic ages, and all over the world; this is a fact which is quite out of the range of discussion.

On the other hand, it is also a fact, based on the same evidence in part, that the functional diseases of a physical character to which I have referred were very rare indeed prior to the nineteenth century, and at the present time scarcely exist outside of the great centres of civilization. The facts of the relation of age to work, which you criticised some years ago, have not, as you say, been dropped, but will, in proper time, be published in permanent form, wherein your criticisms and those of others will receive most careful consideration. In closing I wish to express my appreciation of the intelligence, ability and courtesy, with which, on your part, our discussions have been conducted. GEO. M. BEARD, M.D.

New York, Sept. 20th, 1879.

A Few Reasons in Favor of Physicians Dispensing Drugs.

ED. MED. AND SURG. REPORTER:—

As to this matter, there is a reform needed throughout the profession, not only in the country but in the cities as well. To support this proposition there are reasons which cannot be put aside. I have recently noticed in some of our leading journals complaints as to the habit known as "counter prescribing." Now, it does not become the average medical man to utter a word against this procedure. The fault lies at his own door entirely. In our cities a party cannot consult a physician for the simplest ailment without incurring a druggist's charge in addition to the usual prescription fee. In the light of this fact it is not strange that many prefer to risk the apothecary's presumption, and seek advice and remedy under one consideration, rather than run the entire gauntlet.

We are not among the number who believe a physician has even a shadow of right on his side in saying "consultation free, and no charge except for medicines;" nor do we believe that this assertion is ever uttered outside the pale of quackery; certainly no *physician* could so far forget himself as to thus degrade his profession.

As in a previous article in the REPORTER, of May 3d,* we definitely assert that much of the favor shown homœopathy is due to defects in regular practice.

It is a well-known fact that very many families have been induced to employ the man of the *infinitesimal potency* simply because at the end of a siege of sickness there is no druggist's bill, amounting well nigh to the charge made by the attendant. It seems to us that this point alone would warrant a physician in keeping and dispensing his own drugs. In this and other respects we allow ourselves to be brought into very unfair competition with homœopathy—a theory which will not bear scientific or trained inspection, and which must ever depend for its success upon devising means by which the masses may be intrigued. We do not mean for a moment that regular medicine should descend to meet these devices in any particular; but simply this, viz.: that so far as business competi-

* The word "plan," in the thirtieth line of that article, has been erroneously substituted for "flaw" in the manuscript.

tion on an honest plane is concerned, we should be more keenly alive to professional interest.

The next point we make is that many, and indeed most, physicians have very little idea as to whether the compounds they prescribe be nauseous or not; hence it has become proverbial that regular practice means nauseating and harsh medication. Indeed, very many, even among the more intelligent classes, hold the opinion that this is the main point at issue between ourselves and the followers of Hahnemann, and on this belief, preferring pleasant medicine, have been led to employ the latter. We must admit we are at fault in this particular, for there is not an agent of the Pharmacopœia, however nauseous and unpleasant in the unshielded form, that does not admit of being given, in the largest ordinary doses at that, in some menstruum or other capable of rendering it palatable. The literature upon this topic, however, is very scanty, and does not more than tally with the practice of the day. Then how become reasonably proficient in our knowledge of pleasant medication? Shall medical students be compelled to serve a certain period as practical pharmacists ere they deserve their diploma? This idea is not practical. Clearly, now, the most available way is that each medical man keep his own medicines and compound his own prescriptions. We do not mean to say this is the only way, but that it is *one* way, and that there is no objection to such a course whatever. I repeat, I do not advocate the handling of drugs as a means of speculation at all.

We are sure that many druggists who pass as respectable are in the constant habit of "substituting" in prescriptions sent them. I need scarcely mention the matter of frequent arrangements between druggists and practitioners by which the latter receive a percentage.

We would urge the above points to the consideration of the profession. J. W. Hickman, M.D.

Delta, Pa., 9. 17*th*, 1879.

Congenital Hydrocephalus.

Ed. Med. and Surg. Reporter:—

In the Medical and Surgical Reporter, Aug. 9th, 1879, Geo. Irvin, M.D., of Aledo, Mercer Co., Illinois, published a case of "Congenital Hydrocephalus," and asked if "any of the correspondents of the Medical and Surgical Reporter can suggest any better plan of delivering a hydrocephalic baby, than by decapitation?" As no one has complied with the Doctor's request, I beg to refer him to the *Transactions* of the Mississippi State Medical Association, for the year 1872, in which he will find a case reported by the undersigned, very similar to his own. In that case, a multipara, the body and limbs of the fœtus had been extruded for five or six hours, the head remaining immovable. "The patient was placed on her back, with her hips resting on the edge of the bed, legs supported by assistants, the child depending, and pressing upon the perineum. I passed Holmes' Perforator along the nucha of the child, carefully protecting the genital and urinary organs of the mother with two fingers of the left hand, until I reached the occiput; I then forced the instrument into the head, and expanded the blades; closing them again, I withdrew the point, made a half turn, re-introduced the instrument at the same opening and expanded the blades again, making a very neat crucial incision just posterior to the foramen magnum. On withdrawing the instrument there was a gush of liquid, which flowed into the *porte de chamber*, under cover, so freely that the question flashed through my mind, 'is it possible that I have wounded the bladder?' On pushing aside the cover, I was gratified to perceive that the fluid was neither urine nor blood. After the vessel was more than half filled with serum, the child's head was released without any force or effort. Thus the cause of detention proved to be intra-uterine hydrocephalus, which, if it could have been detected at the outset, would have required only a simple puncture with the trocar. But in such cases the anxiety and sense of responsibility are none the less, since the real cause of difficulty cannot be determined beforehand."

This case occurred in 1865. The patient recovered promptly and perfectly, and has borne several children since. Decapitation of the fœtus under such circumstances is certainly very unnecessary, and makes a difficult case out of a very simple one. J. M. Taylor, M.D.

Corinth, Miss.

Psoas Abscess or Hernia?

Ed. Med. and Surg. Reporter:—

"S. M. H.," in last week's issue of the Reporter, criticizes my article in the number for June 21st. But he seems to misapprehend my account of the case; and the words, "Probably if the doctors (plural) had used, instead of the 'blister,' a little judicious taxis, the 'abscess' would have disappeared, and with it all pain, heat and swelling," misrepresent my position in the case. I state, "I *found* the surface about the tumor discolored and sensitive, partly the effect of a fly blister which *had been* applied. . . Accepting the *history* as correct; and being misled by the condition consequent upon the blister" etc.; which shows that I had had no hand in applying the blister, and that the parts were in no condition for "judicious taxis" at this, my first, examination. And please notice that I say nothing about "heat and swelling."

After opening, "we directed our patient to be placed in a semi-recumbent posture, and warm poultices to be applied to the part. Suppuration soon commenced. . . I saw her again the next day. . . . Saw her again about three months after, and she was still quite comfortable and considered convalescent. *Pus continued to flow freely from the opening.*"

I gave no theory as to how the tumor disappeared nor the discharge, which followed, appeared; not deeming it necessary to an elucidation. Possibly the prick of the lancet caused the patient, who was extremely nervous, suddenly to lift the hips, when the sac, with its purulent contents, receded; and before the opening in the skin could close, air entered. Then raising the patient to a "semi-recumbent posture"

caused the pus in the opened sac to obey the law of gravitation and flow back to the opening in the groin, which was made by my "*frater medicus*" with an abscess lancet, and not, as "S. M. H." supposes, with a "bistoury."

When we consider the patient's "delicate appearance," the "general indications of a strumous diathesis, sensitiveness of the lumbar region," and an additional symptom, which I inadvertently omitted from my report, that of long-standing lameness, I think we have a right plain case of psoas abscess; and trust that "S. M. H." will acquit us of failing to appreciate so critical a situation. DELTA.

Montgomery Co., Md., Sept. 13th, 1879.

Medicinal Snuffs.

ED. MED. AND SURG. REPORTER:—

The following communication was sent to me, and will explain itself:—

DR. CARL SEILER: *Dear Sir*—On page 93 of your excellent treatise, you recommend, in the treatment of acute coryza, a "snuff composed of gum acacia, subnitrate of bismuth, bicarbonate of soda, and a little sulphate of morphia." Also, in the treatment of hay cold, on page 102, you likewise recommend "the frequent snuffing of a powder composed of gum acacia, quiniæ sulph., bismuthi subnitratis, and a little morphia sulph." I am at a loss to supply the proportions of the ingredients. If you would publish formulæ for these powders in the MEDICAL AND SURGICAL REPORTER, you would oblige

MANY PROFESSIONAL FRIENDS.

Phila., Sept., 17th, 1879.

In answer to it I would state that I refrained from giving the proportions of the formula referred to in my book, because they will have to be altered according to the peculiarities and idiosyncrasies of each particular case, but the following formula will be found to answer in most cases:—

℞.	Bismuth. subnit.,	ʒ iij
	Pulv. gum acaciæ,	ʒ ij
	Quin. sulph.,	ʒ j
	Morph. sulph.,	gr. ij

M. et. pulv.

SIG.—Use as snuff, or by means of insufflator, 5–6 times a day.

The rationale of this is that the gum coming in contact with the watery secretions makes a paste, which, being thickened by the bismuth, protects the irritated mucous membrane from the influences of air and dust. The quinine is added with a view to prevent the growth of vegetable spores, and the morphia in order to lessen the sensibility.

In ordinary coryza, sodæ bicarb., ʒj, is substituted for the quinine, with a view to neutralize the acidity of the secretions. This remedy must, however, not be looked upon as a specific for hay fever or coryza, for although it gives relief in a great number of cases, yet I have found it to fail utterly in several. C. SEILER, M.D.

Phila., Sept., 25th, 1879.

NEWS AND MISCELLANY.

The Wines of Egg Harbor, N. J.

It has been found that the climate and soil of certain portions of New Jersey are admirably adapted to the cultivation of the grape, and that the wines made from the fruit are equal, in color, flavor, quality and keeping properties, to most of the old world vintages. On September 25th, several of the leading wine growers of Egg Harbor City asked, through the courtesy of the Camden and Atlantic Railroad Company, a number of prominent professional and business men to visit their vineyards and vaults. The excursion was a most interesting one. The varieties of wine are numerous, and we were especially pleased with a light white wine, called "Martha," grown by Mr. J. Furrer; a "White Concord," by Mr. A. Heil; the "Black Rose," by Mr. C. Saalmann; and the "Franklin," by Mr. J. Hincke, which last received a medal at the late Paris Exhibition. All these wines are the pure juice of the grape, without adulteration, and for medicinal and dietetic purposes are not surpassed by any in the market. Indeed, it would be difficult to find any so uniformly reliable. Of the speakers present, ex-Governor Pollock made an address, in which he said that it would be well for the cause of temperance if light wines, of the purity and virtue for which the vintages of Egg Harbor were noted throughout the country, were brought into more general use; and the Count d'Assi, of Italy, stated that they must be regarded as successful rivals of the famous vintages of his native land.

Progress of Metalloscopy.

The Paris Academy of Medicine decreed, in July, a prize of 2000 francs to Dr. Burq, the founder of "metalloscopy," as a token of its approbation, and to assist him in prosecuting further experiments. It is also noticeable that both in England and Germany several prominent writers who at first attributed the phenomena to expectant attention now state their belief that this is an insufficient explanation for all the observations recorded, though no doubt it will explain some of them. It seems probable some hitherto unappreciated force is also at work. A Paris correspondent of the *Lancet* writes: "In spite of the 'arbitrary skepticism' of the large majority of the profession, the most satisfactory results are daily obtained in the hospitals by the external application of metals. Symptoms of the most curious nature develop under their influence, and give rise to the most interesting discussions at the medical societies."

An Unlucky Victory.

A good story, and an authentic one, comes from Regensburg, in Bavaria. In that country physicians are not permitted to dispense medicines when there is an apothecary to do it for them. Three homœopathic physicians were practicing in the city, when an apothecary came

among them and notified them to send him their prescriptions. Two of them refused to obey, and were brought before the court and fined twenty marks. The case was carried to a higher court, and the medicines (pilules) were sent to the University of Erlangen for chemical analysis. The chemists reported that the pilules were made of pure sugar, and did not contain any medicine; whereupon the judge reversed the decision of the lower court, and declared there was no law against physicians distributing confectionery as freely as they chose.

Prevalence of Malaria.

We are informed that malarial disease is much less frequent and virulent in the Mississippi valley this fall than it was a year ago. It is certainly so generally in the valley of the Delaware, though in certain limited localities it is quite severe; for instance, in and near Fairmount Park there has been more fever among residents than for some years. People should not be in the Park, particularly in carriages, after the sun goes down.

American Gynæcological Society.

Our report of the annual meeting of this Society has been crowded out this week. It will appear in our next number.

Personal.

—Dr. Bulkley begins his third course of lectures on Diseases of the Skin, in the New York Hospital, October 8th.

Items.

—Nearly one-quarter of the births in Brussels are illegitimate.

—At the Russian Hygienic Society, M. Malarewsky, speaking of the progress which myopia is making among studious persons, has proposed that printing should in future be executed by means of white letters on a black ground. This system has been tried by experiments made simultaneously on fifty persons, and the results obtained have been sufficiently conclusive for physicians to encourage the proposed reform, which would constitute a revolution in the art of printing.

OBITUARY NOTICES.

—Died, at Castleton, N. Y., on the 9th inst., of inflammatory rheumatism and paralysis combined, Dr. Myron Edson, of Castleton, aged 33 years.

Dr. Edson was taken sick in camp at Lake Bomoseen. He had a large and lucrative practice in his profession; was an amiable, good citizen, and a good husband.

—Dr. Cyrus B. Smith, of Granby, Mass., was killed by lightning Sept. 7th. He was in bed at the time the house was struck, and his death was instantaneous. Dr. Smith was born April 24th, 1839. He was surgeon in the 37th Massachusetts regiment, and made an honorable war record. In 1871 he represented the 5th Hampshire district in the Legislature, where his services were appreciated. In town affairs he took an active part. As a family physician he was highly esteemed, and will be greatly missed.

QUERIES AND REPLIES.

Dr. H. M. H., of Ill., asks:—"What is the most efficient means of treatment for chronic nasal catarrh? Is it generally acknowledged by the profession to be curable? Cannot some of the readers of the 'Indispensable Reporter' give me some light on its treatment? I am sure it would please a great many in this latitude."

Dr. H. W., of N. Y.—An editor is not responsible for statements made by correspondents; still less for those made by advertisers. It is sufficient to say that this journal does not and will not admit any advertisement which the editor believes to be deliberately deceptive or fraudulent in character; beyond this his editorial responsibility does not extend.

Dr. L. L. and others call attention to the omission of an important sentence on page 251, in the report of Dr. Harkin's treatment of the hemorrhagic diathesis. The salt he refers to is *chlorate of potash*.

Dr. S. K. L., of Mo.—Bitartrate of potash has been used to check bleeding in both hematuria and internal hemorrhoids. See Stone's *Therapeutics*, p. 147.

MARRIAGES.

CHASE—PALMER.—In the Methodist Church, on Walnut Hills, Cincinnati, Ohio, Dr. Harry R. Chase, of New York, and Miss Marian Palmer, of the Chickering Institute. The ceremony was performed by Elder Hypes, in accordance with the Episcopal service, by request.

PHELPS—DRAPER.—In Brattleboro, Vt., August 21st, by Rev. George E. Martin, Dr. O. W. Phelps and Mary Draper.

SWISHER—THOMSON.—In Healdsburg, Cal., July 31st, by Rev. S. H. Thomson, LL.D., Dr. J. R. Swisher and S. May Thomson, daughter of the officiating clergyman.

DEATHS.

BERNACKI.—On Saturday, August 16th, at the residence of her sister, Florida, Orange county, New York, after a lingering illness, Sarah E., wife of Dr. C. W. Bernacki.

BOYD.—In Newport, Vt., Aug. 20th, Mrs. Rebecca, wife of the late Dr. Boyd, aged 79 years and 9 months.

COLLINS-KLEIN.—At Opiez, Canton Berne, Switzerland, on Sunday, August 31st, Mrs. Helen E. Collins, wife of Dr. Theo. H. Klein, and niece of the late George C. Collins, Esq.

FINLEY.—In this city, on the 8th ult., Clement A. Finley, Surgeon General U. S. Army, retired.

HAIGHT.—At Stamford, Conn., on Friday evening, Sept. 12th, Nathaniel D. Haight, M.D., aged 76 years.

HUMBERT.—In New York, on September 17th, Dr. Wm. H. Humbert.

PEACE.—At Annasdale, Delaware County, Pa., after a brief illness, Edward Peace, M.D., in the 69th year of his age.

WHITE.—In Cincinnati, Ohio, September 7th, of chronic pneumonia, Dr. John B. White, dentist, in the 34th year of his age.

WILSON.—At Babylon, Long Island, September 18th, Laura T., wife of Dr. Geo. A. Wilson.

WOLCOTT.—At Delanco, N. J., on the 20th ult., Charles Rhaesa Wolcott, M.D.

THE

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Original Department.

Communications.

THE TREATMENT OF SPINAL DISEASES.

BY E. H. COOVER, M.D.,
Of Harrisburg, Pa.

In the Medical and Surgical Reporter of April 13th, 1878, I offered a paper, entitled, "Suggestions in the Treatment of Spinal Diseases and Curvature," in which I claimed the use of a closely fitting jacket or corset, made from several layers of unbleached muslin, stiffened by a solution of the silicate of soda, as being an appliance which, in my experience, offered a greater measure of success than any other hitherto adopted. I instanced a number of cases in which this treatment rewarded me with the most gratifying results, and which satisfied me beyond question that if adopted by the profession it would insure a more uniform success in the treatment of this class of diseases. Since the appearance of that article I have made a number of improvements in the mechanical construction of the jacket, and as my professional duties will not afford me opportunities to reply in detail to the many letters of inquiry with which my professional brethren have favored me, I have concluded to place the results of my recent experiments and experiences before them through this medium. I do not want to be understood as detracting from the credit hitherto accorded eminent practitioners who have preceded me in this direction, nor do I wish to claim the method of treatment as original with myself. My claim is solely upon the mechanical construction of the jacket, and I feel certain that a fair comparison with others will show that the process employed by me in its manufacture admits more readily of subsequent alterations, thus enabling the surgeon to adapt it perfectly to the particular case under treatment.

The process as employed is as follows: From unbleached muslin are cut four pieces, shaped like the fronts and back of a coat or bodice, and long enough to reach below the pubes and hip joint. The patient being clothed in a tight-fitting, seamless garment, and seated upon a stool something higher than an ordinary chair, the back pieces are laid on and wetted with the solution of silicate of soda. The top and bottom edges are laid carefully together and the intervening edges being cut purposely will show an elliptical opening; this is done for the reason that when the pieces are pressed to place, the edges will meet without overlapping, thus making the jacket conform to the natural curve of the back. Until recently it was not considered necessary to get that curve until the jacket had been formed, but now I find it can be done by this method upon the patient, thus securing a better fit, while it really occupies no more time in adjusting.

The fronts are then put on in the same manner, after which a silicated soda bandage, from three to four inches wide, is passed around the body, from a point immediately under the axilla to the hip joint: this fixes the body pieces and secures a firmer structure upon which to build the more substantial part of the apparatus, besides obliging the jacket to conform strictly to the body of the individual. Braces of tin—slit at short intervals along their entire length and nearly an inch from the edges toward the centre, like a many-tailed bandage, in order to make them more pliable in adjusting—three inches wide at

top and five or six at bottom, reaching from near the axilla to a point beyond the crest of the ilii, are next placed in position and covered by pieces of muslin wet with the silicated solution. Other braces of tin, an inch wide, and extending from the junction of the fourth rib with the os sternum to a point near the symphisis pubis, are placed, leaving a space of about an inch or more on each side of the median line, where the jacket will be cut for the purpose of eyeleting. Still another brace of tin, one and a half inch wide, is placed along the spine, shaping it also to meet the contour of the parts. The patient is now extended with Dr. Sayre's apparatus, and a bandage similar in dimensions to the one alluded to prior to applying the braces, is carried around the jacket, over the braces, being saturated with the solution as it advances, applied by a brush in the hands of an assistant. Care should be taken not to "trice the individual up so high that the support afforded by the heel is lost, as, in my opinion, without this precaution the spinal column is too much straightened by the weight of the lower extremities, and the natural curvature thereby lessened. This latter bandage secures the tin braces firmly in position, and retains them there without further support. A second or outer bodice, made exactly like the first, is now framed and applied, using the silicate of soda freely in order to secure its uniform adhesion to all the inequalities which the surface of the jacket now presents. This completes the jacket for the present, and the patient being lowered, is carefully laid upon a firm bed (care being taken in the transit to disturb the set of the jacket as little as possible) and allowed to remain at perfect rest for a period of four or five hours, at the end of which time the silicated material will have become sufficiently firm to admit of further manipulation. The jacket is removed from the body by making an incision along the centre in front and carefully slipping it off. Before cutting, however, it should be carefully trimmed, or marked where trimming is necessary, under the arms and at the bottom. It may be cut off at the top, both back and front, as low as the patient may desire, provided always that it is not desired so low as, in the judgment of the physician, will interfere with the proper support of the affected structures. At the bottom it should be made to extend at least two inches below the crest of the ilii, and cut off in the direction of the symphisis pubes, so that the lower part of the jacket, when the patient is seated, will not rest heavily on the thighs, thus pushing it up and out of place, rendering the patient uncomfortable and defeating the object intended, a perfect support.

If after cutting the jacket prior to its removal the edges should overlap when brought together, showing too much material, they should be trimmed off so as not to meet, by one-half to one inch. This is very necessary, as changes frequently take place in the fullness of the body of the patient, and if the jacket does not press firmly and evenly upon the whole surface, a condition impossible at all times if the edges meet, the support necessary to the comfort of the patient is lost. Always remember, in trimming off edges, to remove equally between the two sides, where the centre of the jacket is the part manipulated, otherwise it will give the apparatus a one-sided appearance. For convenience in the further mechanical construction, I remove the jacket to my office, where I can have more conveniences at command. It is yet in a semi-plastic condition, the heat of the body not being sufficient to render it as hard as it must be to answer the purpose for which it is intended. I place it upon a table and remove the inner bodice, smooth out all the folds or wrinkles, taking great care not to destroy the shape. This done, it is removed to a hot stove, and placed over or beside it, not near enough to scorch, supporting it artificially, if necessary, to preserve the shape. When the material is sufficiently hardened, I place it over a rounding block, and with a round-faced hammer pound down all the roughnesses and projections left upon the inner surface. I then line the inner side with pieces of muslin, using as an adherent the silicated solution, and bind the arm spaces and all the trimmed edges with pieces of muslin cut bias, not sewed on, but attached by the use of the soda. This is done to prevent the separation of the different cut edges, and render the jacket more durable. The front edges are now eyeleted and supplied with a suitable lace or draw string. Several rows of holes, about the size of a No. 15 or 16 catheter, should be made in the jacket, with a steel punch, over a hard block of wood. This will allow the escape of the natural exudations of the body, and will afford all necessary ventilation. All openings should be made from the inner surface outward, in order to prevent the formation of prominences on the inside of the jacket. The instrument is now ready to be placed upon the patient. In order to ascertain whether the curve in the jacket, particularly that of the region commonly termed the "hollow of the back," is correct, measurements should be taken of the patient and compared with those of the jacket.

This is most conveniently done with a common yardstick, by placing it upon the protuberance and measuring the arc described between with a common rule. The anterior curve, or that denominated the hollow of the back, is ordinarily from an inch and a quarter to an inch and a half, and the jacket should be made to conform to it, in order to give that support to all the anatomical structures which is necessary to a successful treatment. If any alteration in the jacket is necessary to its proper conformity, it may be accomplished by slitting the jacket at that part and removing an elliptical piece: the opening thus made is drawn together by punching holes in either edge, and drawing together by means of a lacer of linen tape.

I have now carefully and minutely described

the mechanical construction of my jacket, and feel assured that if my professional brethren will follow my process strictly success will follow their efforts, not only in the construction of the instrument, but in affording relief to those of their unfortunate patients to whose infirmities support is rest; and rest is the natural therapeutic agent for the relief of pain.

If the patient is a female, it is my custom to support the breasts, before applying the jacket, with strips of adhesive plaster, keeping them well up to their natural position: I then further protect them from undue pressure by breast shields. When about to adjust the jacket upon the patient finally, he or she should be extended in Dr. Sayre's apparatus, which is well designed for that purpose, taking care not to go beyond the former suspension, or, in other words, depriving the patient of the support afforded by the heels. The jacket is then put around the body and set to its place. It is now ready for lacing. Begin with the long lacer, about the third eylet hole from above down, and go down as far as the umbilical region, where, drawing it through and making a loop long enough to tie on either side, proceed lacing until the lower edge is reached, where it is fastened. The object in leaving the tie loop in the umbilical region is to draw it tightly together at that point, thus making extension and counter extension at the same time, the bony structures of the scapula and iliac region serving as fulcrum, as it were, and the space between the weight. Then take a short lacer or linen tape and lace it through the upper holes, drawing it as tight as the patient will allow, and tie it. The object of this short and separate lacer is to afford the patient, if a female, an opportunity to relieve the mammæ from undue pressure. No dinner pad is necessary with this jacket, as the patient may find relief after a hearty meal by simply loosing the lacer or tie loop for an hour or two, when it is again tightened. In females who suffer from uterine displacements this jacket affords a perfect support, and in no single instance have I learned of any ill effect resulting from the use of it, on young or old.

It is light, and quite inexpensive; the quantity of the solution of silicate of soda used is about three pounds, to make a jacket of the largest size, but as it has to be applied hurriedly, at least one-half is wasted, not leaving more than a pound and a half in the jacket, when dried, to add to its weight—specific gravity 1.2755 in summer and a little higher in winter—costing only 35 cents, and muslin at eight cents a yard will not add greatly to the cost of the whole. The silicated solution does not set as quick as the plaster-of-Paris, nor is it liable to crack or crumble, and it is more durable. The lacing admits of its removal at any time, for the purpose of cleansing the body, and after the first adjustment no extension of the spinal column is required by the apparatus above named; the patient takes it off and puts it on without assistance. The weight of the jacket is fifteen ounces to three pounds, according to size. The time required to mould it on the body is from thirty to forty minutes.

[Dr. Coover adds the notes of a number of cases, which we regret the crowded condition of our columns prevents us from inserting. They exemplify the principles which he has above detailed.—Ed. Reporter.]

BELLADONNA IN DISEASES OF CHILDREN.

BY CHARLES H. HALL, M.D.,
Of Macon, Ga.

A German writer says the subjects to whose diseases belladonna corresponds most exactly, are those whose cerebral functions are most liable to become irritated, or whose brains, and consequently heads, have the greatest development, *i.e.*, children. It is a well known fact that children bear and require proportionately larger doses than adults. In all the active hyperæmia of the brain of children it is of conspicuous benefit. This hyperæmia is a very common accompaniment of the febrile diseases of childhood, and frequently blinds us as to the true diagnosis of their affections. We must wipe away this hyperæmia, or convulsions are apt to supervene, which will still more complicate the case and increase the danger to our little patients. Belladonna and the bromides will control this congestion, and however threatening the condition may seem, we may rationally offer hope to parents or friends. Where there is more than hyperæmia, and inflammation is present, or a meningitis, belladonna is no longer the remedy; the thermometer will aid this diagnosis. If in any of the diseases of children I find fever, with a red face, a disposition to sleepiness, and the eye reddish, indicating a possible brain complication, I constantly prescribe belladonna, and am scarcely ever disappointed in its effects. It does not seem to benefit anæmic and bloodless looking children so favorably as those who are florid, and it is especially beneficial to those who are plethoric and corpulent. In the early stages of infantile bronchitis, where there is considerable fever, and the wheezing just commencing, this drug will frequently seem to cut short the attack. If it is not so successful it will greatly modify the fever and relieve the congested mucous membrane—sore throat, inflammation of fauces, "all those parts behind the mouth which become visible when the jaws are widely opened and the tongue depressed." This is one of the commonest troubles which beset us in our daily rounds, and to our patients one of the most unpleasant. I was taught to give nauseants, purge, use counter-irritants, cauterize, give anodynes. If relieving "quickly, pleasantly and safely" is our desire, we have in belladonna a remedy that will seldom disappoint us: especially is it indicated where the membrane has a red, velvety look. If we have a temperature higher than one hundred and one, aconite combined with it makes the recipe all that the majority of these cases need. Two or three days will accomplish more than six to eight under the old plan of treatment. Its remedial power is not confined to the throat alone; any inflammation of the buccal mucous membrane is benefited by it. In stomatitis it is one of the best and most speedily successful remedies. I have frequently and fully tested this, giving and withholding in parallel cases. Last summer (1879) there seemed to be an epidemic tendency to stomatitis and I (as often before) gave it frequent and full trial. It is specially useful where you see your case early and can give it in the first stages of the disease.

In fact, belladonna appears to have curative powers in all inflammations of mucous membranes. From its now well-known, and I believe universally admitted, power in controlling excessive perspiration, we can readily believe in its pleasantly influencing such inflammations. Speaking of its controlling perspiration reminds me of its peculiar efficacy in lessening the temperature in the fevers of children which are characterized by sweating, although the temperature is very high. I have to-day (June 28th, 1879) two patients, one six, the other eight years; they each have had fever for ten days, temperature running 101 to 102 morning; evening 104 to 105; yet their skin was never dry, generally bathed in perspiration. Quinine, mineral acids, spirits of mindereri, baths, etc., apparently had no good effect; temperature still high. Two days' use of tincture belladonna in the one, and three days in the other, gave me a morning temperature of 100, and an evening 101 to 102. I have for years considered high temperature and perspiration an indication for belladonna. This is a "wrinkle," as Fothergill would express it, that remembering has aided me in relieving such fevers.

We are all acquainted with Mr. Liston's use of this drug in erysipelas. I use it in all the eruptive fevers of children. The exanthemata all possess the common property of febrile symptoms and cutaneous eruption. I avail myself of the benign influence of the drug, without reference to what the eruption may be, believing that it prevents the localization of throat trouble in scarlet fever, mitigates the bronchial troubles of measles, and is the "physiological antagonist" of the diseased action in all these diseases. A constant physiological action of belladonna is "a peculiar bright red flush," not only appearing on the face and neck, but over the whole body. That common trouble of children, incontinence of urine, is more constantly cured by this agent than any other: this use of the drug is, I believe, recognized by therapeutists.

It is one of our best remedies in an irritable state of the bladder, when it has been caused by cold. Indeed, all the vesical troubles of childhood are greatly benefited by it. In retention, I not only give it internally, but use the ointment over the perineum and hypogastrium. The external application of belladonna gives great relief in the myalgias and other painful affections of early life.

In the commencement of whooping-cough, before the convulsive stage is developed, I rely upon it, almost to the exclusion of other drugs, and have found very few cases that it does not modify. Other remedies are better suited to the subsequent stages of the disease.

The dentition of children is very constantly attended with diarrhœa, vomiting, etc. Although belladonna will of itself not relieve these morbid conditions, yet it will greatly aid our mercury, alkalies and astringents, by the influence it exerts over the nervous phenomena which is invariably associated with this condition. Calm this nervous irritation and we will much and more speedily relieve than if we neglected this important factor. It does more than influence the nervous element in this disease; where the actions are large and watery it positively lessens the size of the actions, although not their frequency. Recollecting its influence on the mouth and throat, the dryness it always produces, we can readily understand its beneficial effect, lessening the secretions of the intestinal mucous membrane. There is a general disposition in the profession to mistrust the inherent tendency to recover in almost all diseases. This disposition causes them actively to interfere, to treat disease as an enemy, and to endeavor to rout it by spoliative and aggressive measures. This is, to me, not philosophical nor in accordance with nature's laws, as we see them in daily operation; we should gently aid this inherent disposition toward recovery; proportion our help to the necessities of the case. I am convinced that the beneficial effect of belladonna in the class of diseases which I have mentioned is frequently lost by the dose being too large. I believe that the manner of its employment has everything to do with its efficacy. The true medicinal dose is far below the physiological dose. It is true, that the physiological dose frequently aggravates the disease, whereas the medicinal dose will favorably influence and hasten the recovery. My rule is to diminish the quantity I am giving whenever I see any approach to its physiological effects. It is true, that children bear belladonna better than adults, yet I have seen many very easily brought under the physiological effects. Therefore, as a rule, I give small doses, but whatever dose I select I give often, every fifteen or thirty minutes, until some amelioration or change occurs, and then make the interval greater. In this way I speedily arrive at my conclusions in regard to both the dose to be continued and the drug's suitableness to the case in hand. Given in this way its delightful therapeutic effects are obtained in the diseases I have enumerated. A well made tincture of the leaves is to be preferred to all other preparations.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

SURGICAL CLINIC OF S. W. GROSS, M.D.

Reported by Dr. F. Woodbury.

Spindle-celled Sarcoma over the Olecranon Process.

Mrs. A., a widow, 61 years of age, came to the out-patients' department on the 20th of last August, on account of a tumor, which was seated over the posterior face of the right elbow joint. She then stated that she first observed a small swelling, two years previously, at the spot indicated, which was painless, and of moderately soft consistence. Its farther growth was slow until two months ago, or about June 20th, when it began to increase rapidly and be the seat of a gnawing pain, which was worse at night, and frequently materially interfered with her rest. On the 6th of August it began to ulcerate at its summit, and the suffering was aggravated; and a week subsequently the ulcer was the seat of a pretty free hemorrhage. From the model, which was made at the time by Dr. Nardyz, you will observe that the conoidal tumor surmounted the region of the olecranon process and the tendon of the triceps muscle. The skin was of a bluish-red tint, pervaded by enlarged capillary vessels, and attenuated. At its base the neoplasm measured eleven inches in circumference, and was three inches high, and its apex was ulcerated to the extent of an inch in diameter. In outline it was lobulated; its consistence was soft and elastic, and apparently fluctuating over the more prominent bosses; and its temperature was three degrees higher than that of the opposite arm. The veins in the immediate vicinity of the growth were more prominent than in the natural condition, but the lymphatic glands along the course of the vessels and in the axilla were not enlarged.

During the three weeks and a half which have elapsed since the patient first came under observation, the tumor has undergone very marked changes. Thus, its circumference has increased two inches and its height three inches, while the ulcer measures three inches and a half in diameter. The bosses have also increased in size, and the largest one fluctuates distinctly, and is approaching ulceration. During the past week the pain has greatly decreased under the local ap-

plication of a strong solution of acetate of lead and opium, but the ulcer was the seat of another hemorrhage three days ago, which my resident, Dr. Kneedler, controlled by compressing the brachial artery.

From the history of the case, the peculiar appearances of the morbid growth, its situation and mobility, I have no hesitation in pronouncing the tumor to be a sarcoma developed in the subcutaneous connective tissue over the olecranon process. In former days, or when our knowledge of the minute structure of neoplasms was imperfect, such a growth would have been pronounced a fungus hematodes, or hematoid carcinoma; but the idea of carcinoma may at once be dismissed, as comparatively recent researches show that the connective tissues are never the primary starting points of that class of tumors. In making a differential diagnosis as to the variety of tumor present in this case, I may say that the only primary neoplasms of the subcutaneous connective tissue of the upper extremity, exclusive of the hand, are lipoma, sarcoma, fibroma and myxoma. Of these, the fatty tumor is the most common; sarcoma comes next in point of frequency, but it occurs in the proportion of only one to five of the former growth; fibrous tumors are rare; and myxoma is still more uncommon. A fatty tumor in this situation should be pendulous or pedunculated. Its growth would be slow and painless; its consistence would be doughy; the skin would not be altered in texture or color, nor would there be ulceration. A myxoma has the same lobulated outline as a lipoma, but its consistence is soft and fluctuating, and it grows more rapidly. Its differentiation from sarcoma would depend upon the absence of ulceration, hemorrhage, and alterations in the skin. I have never heard of a mucous tumor being seated in this region, and its occurrence is, moreover, so rare, that it may be excluded. Fibrous tumors of the connective tissue never attain so large a bulk as the growth before you. They increase slowly and their consistence is firm.

Sarcoma may appear at any time of life, from infancy to old age, but it is most common between the twentieth and fortieth years. Two weeks ago I saw a child only twenty-four months old, with a myeloid sarcoma of the upper extremity of the ulna, which began to develop at three months of age. This afternoon I will examine the body of a mulatto boy, four years and three months old, who died of extensive sarcomatous disease, the primary tumor having originated from the medullary canal of the left humerus, from which, as a focus of general infection, secondary tumors have appeared on the left half of the head, in the left femur, the right humerus, and in the abdominal lymphatic glands. Only three weeks ago I removed, in this building, from a female, forty-one years of age, a cystoid round-celled sarcoma of the mamma. There is now in one of the private rooms a gentleman, upward of fifty, whose thigh will be amputated at the hip joint on next Saturday, on account of a recurrent hemorrhagic sarcoma of the soft parts of the thigh. The next case that I shall bring before you is one of giant-celled sarcoma of the radius of a colored woman, fifty-nine years of age; and I have in the museum a specimen of small round-celled sarcoma of the bladder, which was taken by Dr. Hearn, a few days ago, after death, from one of our out-patients, fifty-nine years of age. Hence, you will observe that sarcoma is met with at all periods of life, and is just now very common among those who present themselves here for relief.

Excision of the morbid mass is out of the question in this case, as it would be impossible to remove all of the infiltrated tissues about its base. Hence I shall amputate the arm at the junction of its middle with its lower third, making skin flaps by cutting from without inward, with a circular incision of the muscles, and reflecting the periosteum for one inch before dividing the bone.*

Having made a section of the tumor and the underlying bones, which was attended with the escape of straw-colored fluid, Dr. Gross described it in the following terms:—"The tissue of the tumor is for the most part succulent, glistening, striated, and yellowish-white, with here and there gelatinous areas and a few cysts, the largest of which equals a hazlenut in size. The older portion, or that which lies nearest to the olecranon process, is deeply blood-stained. The triceps tendon is involved in the disease, but the ulna itself is free, the tumor, which developed in the subcutaneous connective tissue, being merely attached to the outer layer of its investing periosteum. From the peculiar appearances of its structure, I do not hesitate to pronounce it a spindle-celled sarcoma undergoing myxomatous and telangiectatic degenerations."†

Giant-celled Sarcoma of the Lower Third of the Radius.

The next case that I bring before you is that of a married colored woman, 59 years of age, who has a large spherical tumor of the lower third of the forearm, without, however, involvement of the wrist joint. She states that she first observed, about twelve months ago, an immovable growth, as large as a hickory nut, two inches above the wrist, and on the radial side of the limb, from which it continuously extended in every direction, until, as you now perceive, it surrounds the entire lower third of the forearm, and measures three inches more in circumference than the same limb at a corresponding point. In outline it is spherical and bosselated, the bosses having appeared during the past three months. It is the seat of preternatural heat; but the skin, veins, and lymphatic glands are entirely normal. On making a careful examination I find that while the tumor has for the most part a firm feel, the bosses alone being soft, at the mid-point of

* Esmarch's apparatus having been applied, the limb was removed in the manner stated by the operator. Two arteries only required ligation, and oozing from the paralyzed vessels was controlled by douching the flaps with hot water. The parts were then brought together by interrupted sutures and adhesive strips; a tent inserted into the most dependent angle of the wound, for drainage; and the stump was covered with lint imbued with sweet oil, and confined by a roller.—*Reporter.*

† The correctness of Dr. Gross' diagnosis was verified by minute examination of stained sections, made by Dr. W. G. MacConnell.—*Reporter.*

its palmar aspect there is a sensation of a partial bony shell, and that the outline of the ulna can be traced upon its inner side. Hence I conclude that we have to deal with a sarcoma growing from the medullary canal of the radius, and limited by an osseo-periosteal capsule.

Sarcoma of the bones, improperly termed osteosarcoma, may consist of a structure made up of spindle, round, or giant cells, and, in accordance with the prevalence of one or the other of these elements, is termed spindle-celled, round celled, or giant-celled sarcoma, the last variety being synonymous with myeloid tumor. In many specimens, however, no particular form of cell predominates, in which event we speak of a mixed sarcoma. Up to a comparatively recent period these tumors of the bones were called cancers, but we are now pretty well satisfied that there is no such a disease as a primary carcinoma of the bones. Despite this fact, however, sarcoma is par excellence the malignant tumor of the osseous system, although it is not so destructive to life as carcinoma of the glands, and it is malignant because it is an atypical connective tissue neoplasm, just as carcinoma is an atypical epithelial neoplasm.

Tumors of the long bones are, in the order of their frequency, sarcoma, chondroma, osteoma, osteoid chondroma, fibroma, and myxoma, the first being more common than all the others combined. They may be of central or peripheral origin, or develop from the medullary cavity or from the soft layer of the periosteum, the tumors of central origin being the most frequent. The sarcomata are all malignant, that is to say, they infect the adjacent tissues and occasion secondary deposits in the internal organs, but without, as a rule, contaminating the intervening lymphatic glands. The degree of malignity varies in accordance with the seat and structure of the growth, the periosteal forms and the small spindle- and round-celled tumors being the most destructive to life. To be more accurate, they may be classed in the order of their malignity, as follows: Periosteal spindle celled, periosteal round-celled, periosteal osteoid, central round-celled, central spindle-celled, and central giant-celled. Like similar neoplasms of the soft parts, they are met with at all ages, but are most frequent from the fifteenth to the thirty-fifth year, the average age at which they manifest themselves being the twenty-seventh year.

As I am informed that the patient is under the influence of the anæsthetic agent, I will merely add that the partly bony and partly periosteal capsule denotes that the tumor originated in the medullary canal of the radius. It is certainly not a small spindle or a small round-celled sarcoma, and the diagnosis rests between a large spindle-celled and a giant- or multinuclear-celled tumor. Although the radius is only exceptionally the seat of myeloid or giant-celled sarcoma, and although that disease is very uncommon after the fiftieth year, I am disposed to regard the tumor as being of that nature, from its slow growth, and the absence of pain and changes in the integuments, the subcutaneous veins, and the lymphatic glands, and from the excellent general condition of the patient.

After the application of Esmarch's bandage, I will amputate the arm at its middle by flaps made by cutting from without inward. Instead of amputation, I might excise the affected bone; but the existence of the soft bosses, and the encircling of the limb by the growth, denote that the neighboring tissues are probably implicated by extension of the disease, and that it is adherent to the periosteum of the ulna and the interosseous membrane. Hence, excision would be likely to be followed by recurrence. Besides, the operation would involve the opening of the wrist-joint, which would be liable to be followed by suppuration of the joint, thereby enhancing the dangers of operative interference, and necessitating secondary amputation, to save life.*

* The limb was removed in the way indicated, and three arteries were ligated. Sections of the tumor, made by Dr. MacConnell, disclosed that it was an exquisite example of giant-celled tumor.—*Reporter.*

Medical Societies.

BRITISH MEDICAL ASSOCIATION—SECTION OF OBSTETRIC MEDICINE.

(*Continued from page* 293).

The chair in this Section was taken by Dr. George H. Kidd, of Dublin. The first subject for discussion was

Intra-uterine Medication.

Dr. Lombe Atthill remarked that (excluding all cases in which tumors of the uterus or polypus existed, and those resulting from anæmia) it would be found that the symptoms indicating the necessity of intra-uterine medication were: 1. Derangement of the menstrual function, specially hemorrhagia and dysmenorrhœa; 2. Uterine catarrh; 3. Pain, specially that caused by pressing the point of the sound against the fundus; one or more of these being present. With respect to the method to be employed in carrying out intra-uterine medication, Dr. Atthill objected to intra-uterine injections, and found ointment inefficient. He employed the following agents only—the fluids being applied by means of a probe, around the extremity of which cotton was wrapped, and the solids through a tube or *porte caustique*; carbolic acid in solution; tincture of iodine; iodized phenol; nitric acid; solid nitrate of silver: zinc points; crayons of iodoform. Carbolic acid was the agent Dr. Atthill recommended for ordinary use, being at once safe and efficient. Iodized phenol he recommended in cases requiring more energetic treatment, but considered it inferior to nitric acid; this latter agent, he pointed out, should never be applied to the intra-uterine surface, unless through a cannula or tube. This was a point on which he strongly insisted; and further, that the patient should be confined to bed for a day, or even more, subsequently; and he expressed his conviction that if these precautions were adopted no unpleasant results need be feared.

Dr. Robert Battey, of Ga., introduced to the Association his use of iodized phenol, already familiar to the American profession.

Dr. E. J. Tilt, though not much in favor of

this method, admitted, however, that intra-uterine medication was wanted in the following cases: 1. Incoercible blood-loss, resisting all remedies and menacing life; 2. When life or reason is menaced by the intensity with which internal metritis reacts on the system, rather than by the amount of purulent discharge to which it gives rise; 3. When internal metritis causes an aggravated complication of dysmenorrhœa by menorrhagia independent of ovaritis, and menacing life or reason; 4. Membranous dysmenorrhœa; 5. In habitual abortion, independent of syphilis and ovaritis, and seemingly caused by some morbid state of the lining membrane of the body of the womb. When internal metritis led to dangerous flooding, and in cases of membranous dysmenorrhœa, Dr. Tilt recommended intra-uterine injections with undiluted tincture of iodine. He deprecated the injection of a solution of nitrate of silver in such cases, and in other cases of internal metritis requiring intra-uterine treatment, on account of the severe pelvic diseases and death which had succeeded. In such cases he preferred to place in the womb five or six grains of solid nitrate of silver; but, as he had seen this followed by severe peritonitis, and as he knew this to have caused death, he expressed himself ready to welcome a better plan of treatment.

Dr. Byford (Chicago) believed that intra-uterine medication could be adopted in a great many instances with safety. When he applied it, he looked a good deal to getting the patient into a proper condition; made her live quietly for some time beforehand; and kept her in bed for two or three days after the application, which measures he found to secure success invariably. He thought that the application should be delayed after menstruation. He should hesitate to make an application of nitric acid to the uterus in a case where the canal and mouth of that organ was very much diminished in size; and he did not believe that these were the class of cases to which it was applicable. This treatment should be succeeded by more constitutional means. He used glycerine and extract of belladonna.

Dr. T. M. Madden presented a paper on

Post-partum Hemorrhage.

Having dwelt on the constitutional conditions predisposing to flooding, and the preventive measures by which this might be warded off, even in those who had been habitually subject to this accident on former occasions, he considered the causes of flooding and the management of labor so as to prevent subsequent inertia or irregular contraction of the uterus. The ill effect, in this respect, of the premature application of the forceps before the full dilatation of the os uteri, and also the production of hemorrhage as the result of undue delay in the second stage, were next referred to. During labor, when there was any reason to anticipate flooding, the preventive measures recommended by the author were: the rupture of the membranes in the first stage; the use of stimulating enemata of a strong infusion of ergot, or the hypodermic injection of ergotine, in the second stage; and a firm, unremitting manual pressure over the fundus uteri, from the time the child's head escaped from the vulva until the completion of the third stage, which should never be hastened by traction on the cord, and the permanent contraction of the uterus was secured. In nineteen cases of flooding, the solution of perchloride of iron was resorted to; in eighteen of these the hemorrhage was thus arrested, and in one instance it failed. Dr. Madden, however considered that the ordinary mode of using this styptic, viz.: by a syringe passed up to the fundus uteri, was a very hazardous proceeding, and exposed the patient to great and needless twofold danger of death from embolism or peritonitis. He, therefore, recommended instead the direct application of the strong liquor ferri perchloridi to the bleeding vessels by a sponge soaked in this fluid, and carried up by the hand into the uterus, and retained there until a firm contraction was produced. Some cases were referred to in which hemorrhage that had resisted all other treatment was thus arrested; and Dr. Madden, therefore, regarded this as the most effectual method of treating flooding. At the same time, he admitted that it was not free from danger, or even to be adopted without grave necessity. Some of the other remedies employed in the treatment of post-partum hemorrhage, including the hypodermic use of ergotine, galvanism, and cold and hot injections, were referred to. The treatment of collapse from flooding by brandy, opium, stimulating enemata, hypodermic injection of sulphuric ether, and transfusion, were considered. Dr. Madden related a case in which a patient, apparently at the last extremity, was rescued from death by the subcutaneous injection of ether, which he regarded as being in many instances a substitute for transfusion. The latter operation was, he considered, destined to fill an important place in the future practice of midwifery. But, as yet, no method of transfusion has been suggested which met the requirements of what, to be useful, should be a generally feasible as well as an effectual operation.

Dr. Wm. Walter read the report of eleven cases of

Post-partum Hemorrhage Treated by Intra-uterine Injection of Hot Water.

The temperature of the water used ranged from 100° to 120° Fahr.; and the utmost care was taken that the tube (Hayes') reached well up to the fundus; and that there was afterward no impediment to the escape of the water from the uterus. The results in the eleven cases, particulars of which were given, led Dr. Walter to the conclusion that the hot water treatment offered some advantages, in being generally accessible and not disagreeable to the patient; but that, as a means of contracting the uterus, it was, in his experience, not to be relied on. Nevertheless, he hoped to continue the method; and he advised that the temperature of the water should be ascertained by the thermometer in every case. The recent researches of Dr. Max Runge tended to show that, if success was to follow the hot water treatment of post-partum hemorrhage, the temperature of the water must not be so high as it was in Dr. Walter's cases. In all the cases but one the injection was followed by relaxation and dilatation of the entire

uterus; if contraction occurred, it was but temporary: but, when the temperature of the water did not exceed 104° Fahr., the uterus contracted without being afterward paralyzed. No appreciable effect was produced on the pulse and general condition of the system. After the failure of the injection, the application of the induced current was successful in several of the cases.

Dr. B. Battey gave an account of

15 Cases of Batt-y's Operation.

The mortality had been 13⅓ per cent. Regarding the results obtained at the end of six months, separating the recovered cases into three classes, there were three cases (*a*) of removal of but one ovary, three cases (*b*) of imperfect removal of both ovaries, and seven cases (*c*) of complete removal of both ovaries, which compared as follows: Morbid conditions wholly disappeared in class *a*, 1; in class *c*, 6; partly disappeared in class *a*, 1; in *b*, 1; not benefited, class *a*, 1: class *b*, 2: too recent to determine, class *c*, 1. *Present condition.*—Perfect health, class *a*, 1; class *c*, 4; comfortable health, class *a*. 1; class *b*, 1: class *c*. 2; not benefited, class *a*, 1; class *b*, 2; too recent to determine, class *c*, 1.

Dr. Graily Hewitt spoke of

Vomiting in Pregnancy.

He believed that the vomiting of pregnancy was one of the reflex disturbances produced by resistance to the normal expansion of the tissues at and immediately surrounding the internal uterine orifice. The success that had attended dilatation by Dr. Copeman's method was to be explained in two ways: (1) by the change of the flexed condition of the uterus—which the author had pointed out to be a usual cause of the sickness—to a condition of comparative straightness: (2) by the relief of the compression and condensation of the tissues by the artificial dilatation. Relief from vomiting during pregnancy might be obtained (1) by elevating the body of the uterus, and thereby taking off the pressure at the internal os; or (2) by dilatation of the cervix after the method of Dr. Copeman. His own opinion, based on observation, was that the postural treatment was generally sufficient.

The President said he had learned at the beginning of his career, from Dr. Henry Bennet's book, that inflammation of the cervix uteri was a frequent cause of the excessive vomiting in early pregnancy; and he had since made it a rule to examine the uterus in such cases, and frequently found the condition described by Dr. Bennet: and, on touching the inflamed surface freely with the solid nitrate of silver, the vomiting generally ceased.

Dr. H. Byford, of Chicago, read a paper on

Treatment of Fibroid Uterine Tumors by Ergot.

His positions were—1. When properly administered, ergot frequently very greatly ameliorates some of the troublesome and even dangerous conditions of fibroid tumors of the uterus, *e.g.*, hemorrhage and copious leucorrhœa. 2. It often arrests their growth, and checks hemorrhage. 3. In many instances it causes the absorption of the tumor, occasionally without giving the patient any inconvenience; while, at other times, the removal of the tumor by absorption is attended by painful contractions and tenderness of the uterus. 4. By inducing uterine contraction, it causes the expulsion of the polypoid variety of the submucous tumor. 5. In the same way, it causes the disruption and discharge of the intramural tumor. He said that, in administering ergot in cases of fibrous tumor, the action of the drug would depend on the degree of development of the fibres of the uterus, and on the position of the tumor with reference to the serous or the mucous surfaces; the nearer the mucous surface the better the effect. A good result might be expected under the following conditions: smoothness of contour of the tumor, denoting uniform development: hemorrhage; a lengthened uterine cavity; and elasticity of the tumor. He would expect large fibro-cystic tumors to resist the action of ergot: and a good result was not to be expected in cases of uneven nodulated tumor, absence of hemorrhage, shortness of the uterine cavity, and hardness of tumor. It was not essential to give ergot hypodermically, though this was a very efficacious method; it might be given by the mouth, in suppositories, etc. If the object were to cause painless absorption of the tumor, the dose should be moderate, and not too frequently repeated; if it were desired to have the tumor expelled, full and increasing doses should be given often, and continued till the object was attained. The preparation which he used was Squibb's fluid extract of ergot. He said, in conclusion, that he disclaimed any expectation that ergot would supplant all other modes of treatment.

The President stated that he had tried the ergot but had no good results from it in this class of cases.

Dr. Hodgen, of St. Louis, presented a paper and specimen of fibro-myoma of the placenta.

AMERICAN GYNÆCOLOGICAL SOCIETY.

This Society convened for its fourth annual meeting, at the hall of the Johns Hopkins University, Baltimore, Md., September 17th, 1879. The President, Dr. T. Gaillard Thomas, in the chair.

FIRST DAY.

There was a full attendance of members and also of many local physicians. Addresses of welcome were read by Dr. W. T. Howard and Professor D. Gilman.

Papers were read, by Dr. J. P. White, on intra-uterine medication, and on iodized phenol for this purpose, by Dr. Robert Battey, of Georgia. In the discussion which followed, Dr. J. Marion Sims said he believed there was a much shorter method of treatment, namely, that afforded by the use of the curette. He had recently seen several cases of cervical catarrh which had been cured by first dilating the cervix and then scraping away the fungoid granulations, and subsequently cauterizing the denuded surface with the actual cautery. This method of treatment was also favored by Dr. Taylor, who, however, used instead of the actual cautery an iron

only slightly heated and applied rapidly over the seat of the disease.

Dr. Howard thought that the great difficulty in treating cases of this kind was in not sufficiently making out a correct diagnosis of just what the trouble within the uterus is before beginning the treatment. It was especially necessary first to get rid of all uterine flexions. The use of strong acids or nitrate of silver was altogether too dangerous.

Dr. Barker had used cones of iodoform after first dilating the cervix with sea-tangle.

Dr. Byrne believed that a perfectly healthy uterus would not tolerate any liquid within its cavity. Nitrate of silver in solution, or chloride of zinc he thought, were most dangerous agents, and should never under any circumstances be applied within the uterus. The further the uterus we are dealing with has departed from a healthy condition, the greater will be its toleration of internal medication.

Dr. Goodell believed that great care should be used in the introduction of sponge tents. He always preferred to accomplish what dilatation was needed with one introduction of the tents, and thought that the best results were attained by using a small sponge tent surrounded by one or more laminaria tents. He had used the phenol recommended by Dr. Battey, but in combination with hydrate of chloral. He also thought that the pain often experienced by women as the probe or sound passes the internal os is occasioned by the presence at that point of a fissure or tender cicatrix. Such cases are often cured by dilatation at that point.

Dr. Thomas was, as a rule, entirely opposed to intra-uterine medication. He considered that such applications made within the os internum were very dangerous, as well as generally useless. There is usually some cause for the catarrhal condition, and it is not infrequently due to a flexion or misplacement. In cases where fungosities exist, the curette is of great value. In many cases a lacerated cervix is the cause of the difficulty, while in others there are constitutional causes to be removed. In cases of true idiopathic catarrh, which are always very rare, intra-uterine medication is of value.

Papers on the treatment of puerperal septicæmia by intra-uterine injections, by Dr. Jenks; and on idiopathic septicæmia, by Dr. Chadwick, were read. The latter favored the use of permanganate of potash for this purpose.

In the discussion Dr. Engelman mentioned accidents from the use of carbolic acid in this manner. Dr. Barker had witnessed five deaths from these medications. Dr. Goodell favored the use of permanganate of potash, and recommended the delivery of the placenta with the patient lying on her back, as this aided in preventing air from entering the uterine sinuses.

SECOND DAY.

Dr. Busey read a paper on the "Pathology of the Cicatrices of Pregnancy." He referred to the value of these scar-like streaks and spots as a sign of existing or previous pregnancies. Then followed a discussion of the anatomy of the striæ and the nature of the lesion giving rise to these appearances. The investigations of Kustner, accompanied with photographic illustrations of sections of striæ prepared by him, were presented, together with original microscopical examinations of the normal integument and of the striæ. From comparison of these histological appearances, Dr. Busey reached the conclusion that the striæ are not caused by rupture of the Malpighian layer, as generally believed, nor by separation of the fibres of any of the layers of the skin. He then discussed the several methods of vesicle formations, and concluded that the striæ of pregnancy do not constitute any form or stage of vesiculation, but that the hydrophic condition not infrequently observed is to be ascribed to the transudation of fluid into the lymph spaces of the connective tissue. In conclusion, he maintained that the striæ of pregnancy are localized atrophies of all the constituent layers of the integument, with compression and partial obliteration of the lymph spaces.

Dr. Mundé read a paper on "Prolapse of the Ovary," at the conclusion of which Dr. Thomas, the President, delivered the Annual Address, on the "Relations of Gynæcology to Surgery."

In discussing Dr. Mundé's paper, Dr. Barker stated that constipation was a powerful agent, not only in causing this displacement, but also in keeping the organ displaced. He believed that very little good was to be obtained from the use of pessaries for effecting a replacement of the ovary.

Dr. Busey believed that the structural changes observed in these cases were the result, and not the cause, of the displacements.

Dr. Byrne exhibited a galvano-cautery for the performance of kolpo-cystotomy.

In a paper on the size of the uterine cavity in childbed, Dr. Sinclair stated that its average length in the third week is 3.02 inches, that in primiparæ averaging 2.94 inches, and in multiparæ 3.21 inches.

THIRD DAY.

The annual meeting for business was held in the morning. The following officers were elected to serve the ensuing year:—

President, Dr. J. Marion Sims, New York. Vice-Presidents, Dr. W. T. Howard, Baltimore; and Dr. Robert Battey, Georgia. Council, Dr. W. Goodell, of Philadelphia; Dr. E. W. Jenks, of Chicago; Dr. A. D. Sinclair, of Boston; and Dr. A. J. C. Skene, of Brooklyn. Secretary, Dr. J. R. Chadwick, of Boston. Treasurer, Dr. P. F. Mundé, of New York. The following were elected Fellows of the Society: Dr. John Scott, of San Francisco; Dr. Edward L. Duer, of Philadelphia; Dr. R. Stansbury Sutton, of Pittsburgh; and Dr. J. W. Underhill, of Cincinnati.

It was voted that the next meeting of the Society be held in Cincinnati, and the time was fixed for the first Wednesday in September, 1880.

The reading of papers began with a paper by Dr. I. E. Taylor, on the Early Application of the Forceps in the First Stage of Natural Labor. In it the writer strongly advocated the application of the forceps within the uterine cavity whenever there were symptoms of an approaching tedious labor.

Dr. Howard believed that great advantage

could be gained by the use of hot water vaginal injection, and that when the os uteri was dilated so as to admit of version being performed that operation was preferable to the introduction of the forceps.

Dr. Goodell read a paper based on clinical notes on the Hypertrophic Elongation of the Cervix Uteri, in which the writer favored, under certain circumstances, the amputation of the cervix with the actual cautery.

Papers were read, by Dr. Johnson, on Mismanaged Labors, and by Dr. Reeve, on Extra-uterine Pregnancy, and the Society adjourned.

Editorial Department.

Periscope.

Treatment of Croupous Pneumonia.

Dr. D. W. Prentiss gives his treatment as follows, in the New Orleans *Medical and Surgical Journal*:—

I have never used *cold* baths in this disease, but have prepared water at a temperature of 90° and reduced it ten degrees during the fifteen minutes occupied in administering it.

Not that I believe any risk would be run by making the bath cold, but experience goes to show that quite as great reduction of temperature is obtained from the above graduated bath, with certainly greater comfort to the patient, and less violence to the prejudices of friends.

If we consider for a moment the modus operandi by which the bath is an effective measure in reducing temperature, I think we will be disposed to admit that the warm bath should have the preference.

The *skin* is the organ by which the balance of temperature is preserved between the internal structures and external surface, and through the agency of the blood. A very great extent of surface in the capillary vessels of the skin is exposed to the cooling influence of the external air with every pulsation of the heart, and the extent to which the surplus heat of body combustion is got rid of is exactly in proportion to the amount of blood so exposed to the air in the skin, and the condition of the skin at the time.

The application of cold contracts the capillaries of the skin and drives the blood away from the surface toward the internal organs.

This is the effect of a cold bath, and although the reduction of temperature in the blood still remaining in the skin is greater than from a tepid bath, still the aggregate effect will be less.

The warm bath relaxes the skin and invites blood to the surface, while the difference in temperature between water at 90° and fever heat (104° or upward) is quite sufficient to give a decided clinical result.

In addition, the absence of shock and greater feeling of comfort to the patient is an advantage of the warm bath not to be overlooked.

In some of these cases, where the convenience of a bath tub was not to be had, a common washing tub was used, the patient sitting in it, covered over the shoulders with a blanket, and this was found to be an efficient substitute.

Whenever the patient became prostrated from the fever, or oppressed by the dyspnœa, the baths were discontinued and quinine relied on as an antipyretic. In children, if the baths were the occasion of struggling and screaming, they were not insisted on, the wet towel and quinine being resorted to.

The dose of quinine given to adults was from grs. xv to grs. xx, and was found to be sufficient.

The reduction of temperature varied in different cases, from 1.5° to 4.7°, and lasted about fourteen hours from the time of administration. A dose given at midday would show decided effect in three hours, reach its maximum at nine o'clock P.M., and the temperature would begin to rise about two o'clock A.M.

In the severer cases the temperature would be again the following morning as high as before its administration. In the milder cases the fever did not appear to rise as high any more after the first dose of quinine.

In some of the cases it produced a decided hypnotic effect, every full dose being followed by quiet sleep.

Dr. S. C. Busey said he had frequently noticed the same effect. He had had his attention first called to it by Dr. Jas. C. Hall, of this city, a most acute observer, who had been in the habit for years of giving quinine at bedtime, with the double purpose of promoting sleep and at the same time avoiding the annoyance of noises in the head occasioned by this agent.

Stimulants were administered as required. Carbonate of ammonia as a special cardiac stimulant where the respiration was embarrassed.

Milk and beef tea were relied on for nourishment.

The Combination of Iron and Chloride of Ammonium in Heart Disease

In the *Practitioner*, Prof. T. Grainger Stuart cites a case of cardiac disease, and adds these general remarks:—

This case afforded an example of a condition by no means uncommon, but of which I have been unable to find a satisfactory description in books. The first glance at the patient leads one to notice the pallor, the very anxious expression, the restlessness, the pale lividity of the lips, the throbbing of the carotids, and perhaps of the temporal arteries: while the patient complains of giddiness, perhaps of headache, certainly of breathlessness, and of a debility that amounts at times to faintness. He is somewhat relieved by food, and unless there is some dropsical effusion to prevent it, he is easier in the recumbent posi-

tion. But he obtains very little sleep. The explanation of his various symptoms is readily found. The pallor and the head symptoms are due in part to anæmic deterioration of the blood and partly to imperfect filling of the arteries supplying the face and brain. The throbbing is due to the ill-filled condition of the arteries, contrasting with their sudden temporary filling during the ventricular systole; while the breathlessness and the lividity are connected with the dilatation and the partial failure of the heart's action. Sometimes the distress is aggravated by the existence of dropsical effusion, and it seems to be specially severe when the pericardium is its seat. Such cases sometimes prove rapidly fatal by sudden syncope, and sometimes death follows upon a long agony, characterized mainly by symptoms of cerebral anæmia. These cases do not seem ever to recover spontaneously.

Treatment by the administration of cardiac tonics, and especially of iron, leads in many cases to decided improvement. The form which I find best is the tincture of perchloride, but it must be given in large quantity. I have gradually been led to give it in larger doses; sometimes even to the amount of twenty minims every two hours, more frequently every four hours, continuing its use for days together. In many cases the patients speedily experience relief, and before long there is manifest improvement. As in the patient whose history I have given, they are enabled after a time to leave the hospital and return to work.

But there is great difficulty in carrying out this plan of treatment, from the gastric and hepatic derangement which so frequently follows upon the use of iron. During the past two years I have sought to meet this difficulty by combining chloride of ammonium with the iron, ½ gr. to each minim of the tincture. During that time I have repeatedly been thus enabled to administer iron in large doses in combination with chloride, to patients who otherwise could scarcely have used iron. It will be observed that in the case now recorded the iron speedily led to dyspeptic symptoms, so that it was impossible to persevere with its use. But the addition of the chloride both relieved the existing dyspepsia and enabled us to continue to administer the iron in large doses, and for a considerable time. So far as I can judge, iron is the only remedy which could have saved the life of the patient at the time, and but for this effect of the chloride of ammonium, I do not know how I could have administered iron so freely as to suffice.

The Sedative Treatment in the Excitement of the Insane.

Dr. J. N. Campbell says, in the *Lancet*, as a sedative, given continuously, I have principally used bromide of potassium in combination with tincture of cannabis indica, or with tincture of hyoscyamus, compound tincture of valerian, and occasionally tincture of opium. Alone, bromide of potassium is valueless in the treatment of acute excitement; its immediate action is too weak; in time it produces bromidism; but I think it acts like a drag in combination, keeping up a sedative effect. In the 101 cases in which I gave a sleep producer, I had a note made of when the patient became quiet and slept, as far as possible in each case, and recorded it. In these cases I almost entirely used chloral, and am satisfied with its certainty of action and harmlessness when given for short periods. I gave it in doses of from twenty to thirty-five grains (seldom exceeding the latter) in a glass of sherry, administering the medicine after the patient had been in bed an hour without sleeping. I simply gave it to cause sleep. If a patient falls asleep, he will in nearly every case go on sleeping. I did not wish it to produce a long-lasting, drugged sleep. I am quite sure that when first introduced chloral was given in too large doses, too frequently and for too long periods. I now never use it for any great length of time. Much care should be taken to ensure quiet surroundings at night for recent acute cases. Frequently new excitable cases cannot sleep in an associated dormitory, but if put in a room by themselves they may. With the chronic patients I find I gave a sleep producer, in all, to thirty-three, for different and repeated periods, during the term of years I am referring to, and in many instances the medicine was given more for the sake of others who might be disturbed than for the sake of the recipient. I find that I need not now give so many draughts to cause sleep: the chronic patients sleep better. I used sedatives continuously during the day in the case of twenty-six chronic patients during these five years, to some of them for several periods of each year. In many cases I missed an excited attack and observed and recorded the course of the excitement as to its duration and intensity.

For several years I have been attempting to arrive at some conclusion as to the value of sedative treatment; and as to its real effects, if any, other than the merely quieting for the short time its action lasted after each dose, I still find difficulty in the matter. In recent cases laboring under acute excitement, it is impossible to predicate with anything like certainty whether the attack will be of long or short duration; there is nothing that I have noticed in any case to enable one to do so, though the age of the patient and the cause and variety of insanity may allow one at times to form a tolerable prognosis. I reported in 1875 three cases of short attacks of insanity, in which the excitement was very intense, but short-lived; and since then I have seen several similar cases, but nothing that I could notice in such or other cases of excitement would enable me to form a reliable prognosis as to the duration of the attack of excitement. This is what makes it so difficult to estimate with accuracy the value of medicinal or other treatment in excitement. In my practice during the last five years, I have noticed cases where periodic excitement came on usually at tolerably regular intervals, and ran a given course as to duration and intensity, at times vary much. In several cases that I especially observed, when treated during an attack, both with and without sedatives, I noticed that, when treated by continued sedatives, they remained longer in a stupid or mentally clouded state after the excitement passed off than when sedatives were not given.

Treatment of Diphtheria.

The following is from an article by Dr. C. D. Kingsford, in the *Lancet*:—

Since 1858 very many cases of diphtheria of varying type, some of a most malignant form, have occurred in my practice, and by adhering to the plan of treatment advocated the results have been most favorable. For several years I have discontinued to apply nitrate of silver and other topical remedies, and only made use of a weak gargle of Condy's fluid; but within the last twelve months I have painted the membranous deposits with lactic acid, one part in three of water, and in severe cases an efficient nurse has been instructed to do this every four hours. Quite lately, too, at the suggestion of Mr. D. de Berdt Hovell, I have brushed the throat twice a day with perchloride of iron and glycerine, in equal proportion, which acts by corroding, as it were, the membrane, causing it to pucker, and to be thrown off apparently earlier than would otherwise happen, also—no small matter—by entirely removing all fetor. But as the chief object of this communication is to put prominently forward the internal treatment, it may not be out of place to detail the plan I usually adopt. For an adult I order tincture of the perchloride of iron, forty to sixty minims, chlorate of potash ten grains, glycerine one drachm, water one ounce, to be given every two or three hours during the day and night; and as the case progresses toward recovery I prefer to increase the interval rather than to diminish the dose. This treatment should be strictly carried out from the moment the disease is recognized, so necessary is it to counteract the poison circulating in the system. An aperient, if indicated, may be given early, but not an emetic—at least I have never seen any benefit effected by one. In fatal cases I have invariably had to regret that larger doses of iron had not been given from the commencement of the attack. Nourishment, such as milk, beef tea, eggs, etc., must be given every two or three hours throughout the day and night, and so great is the tendency to exhaustion that there should never be any hesitation in having the patient aroused for food and medicine. With regard to stimulants, from the very circumstance of their being almost always required, some care should be shown in the choice and mode of administration; indeed, from want of judgment in this respect, I have seen very baneful results. I find, as a rule, an ounce and a half of port wine given every three or four hours better borne and more sustaining than frequent doses of brandy, and far less liable to excite the sensorium; very rarely, if ever, is it wise to have recourse to more than one form of stimulant. The indiscriminate use of various kinds of wine and different sorts of spirits is to be especially deprecated. A constant supply of steam generated in the room, but not too near the bed, is a desideratum in the management of all cases of diphtheria, and becomes absolutely necessary whenever the air passages are involved.

When the larynx is affected there is grave cause for anxiety; still, even here I would advise steady perseverance in the iron treatment, for from long experience I have learned that as when pneumonia occurs in the course of fever we dare not relax in our general treatment of the fever, so also in these laryngeal attacks we must remember that we are engaged in combating another stage only of the same disease (diphtheria), but which from its situation is now threatening to close the door against the ingress and egress of the very breath of life. In these cases I have frequently been induced to try special treatment, but have always had to return to the iron and potash mixture, and to regret the time and ground lost by the deviation.

Carbolic Acid a Remedy Against Bee Stings

Dr. Klamann publishes, in the *Allgemeine Medicin. Central Zeitung*, a case of bee sting, followed by acute symptoms of poisoning, which was relieved within a very short time by a subcutaneous injection of carbolic acid. The patient, a robust, strongly built young woman, was stung in the lower lip by a bee. Soon afterward she vomited; her face became flushed; the right half of the face began to swell, and the swelling soon spread over the whole face. The woman fainted, and was laid on her bed. When Dr. Klamann saw her, soon afterward, he found her unconscious; the face was dark red, and much swollen; the sclerotics were injected, the lips cyanotic, the lids œdematous, the fingers and toes pale and cold. The patient did not answer when spoken to; the pulse was 72, hardly perceptible: respirations 24. Nothing abnormal could be detected in the heart, but the impulse was weak. The extremities were immovable. Cold compresses were immediately applied to her head, and five milligrams of carbolic acid in solution were injected under the skin, near the spot where she had been stung. At the same time sal volatile was held to her nose. In about a quarter of an hour the swelling of the lips and eyelids began to abate visibly, consciousness returned gradually, and the mouth could be opened. The tongue was somewhat swollen, but the patient could swallow without much difficulty. In the course of three-quarters of an hour the patient had three attacks of convulsive trembling of the whole body, together with violent twitchings of the muscles of the face. During each of these attacks the patient was very restless; her face became flushed, and she threw her head about. After each attack her face became suddenly pale, the skin of her whole body grew cool, and the pulse could hardly be felt. Gradually, however, the symptoms of poisoning disappeared, the patient could open her mouth and swallow a few drops of spirit of sal volatile in water. She passed a good night, and the next day went about her work as usual. The lower lip remained slightly swollen during the next few days. A fortnight before the accident she had been stung by a bee in the left forearm; after which the whole limb became swollen, and urticaria broke out over the whole body. The arm was still swollen when she was stung in the lip; and the injection of carbolic acid appeared to exercise a favorable influence on the arm, which, on the next day, had recovered its natural size.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The fourth of the American Health Primers is entitled, "Eyesight, and how to Care for it," by Dr. George C. Harlan. It describes in clear language the anatomy of the eye, the physiology of vision, the use of the ophthalmoscope, the more common injuries, diseases and defects of the eye; the choice and employment of spectacles, and concludes with a series of practical suggestions for the cure of the eyes, and a discussion of the effects of school life upon the sight. Published by Lindsay & Blakiston. Price, cloth, 50 cents.

——In a little work of fifty pages, entitled "First Step in Chemical Principles," Dr. Henry Leffmann endeavors quite successfully to make clear to beginners those points in theory, notation and nomenclature which give them the most trouble to understand. His language is clear; the illustrations ample, and undoubtedly the study of this little treatise will smooth to the student the very rugged paths of modern chemical theory and nomenclature. Published by Edward Stern & Co., Philadelphia.

——The connection of the hepatic functions with uterine hyperæmias, fluxions, congestions and inflammations, is the subject of a reprint by Dr. L. F. Warner, of Boston. The main object is to prove that the successful treatment of uterine hyperæmias, fluxions, congestions and inflammations must often depend as much upon measures that are termed constitutional as upon those that are strictly local, and that sometimes without them it is impossible.

BOOK NOTICES.

Student's Pocket Medical Lexicon: Giving the Correct pronunciations and definitions of all words and terms in general use in medicine and the collateral sciences, the pronunciation being plainly represented in the American phonetic alphabet, with an appendix containing a list of poisons and their antidotes, abbreviations used in prescriptions and a metric scale of doses. By Chas. Longley. Phila., Lindsay & Blakiston, 1879. Cloth. $1.00.

This small book with the long title is one of more promise than performance. It bears evidence on its face that it is a compilation by a person quite ignorant of medical science. Why one not even a member of the profession should undertake to write a medical dictionary, is hard to imagine. It abounds with names of useless drugs and obsolete terms, and omits most of these recently brought into general use. Thus we have looked in vain for athetosis, atelectasis, autophony, anode, cathode, hospitalism, neurasthenia, plessimetry, seborrhea and a number of other words common in medical language. Its definitions are often absurdly erroneous; thus the retina is defined to be "the expansion of the optic nerve which forms the inner coat of the eye;" angina pectoris is "a spasm of the nerves of the chest;" angular artery is "the termination of veins near the inner angle of the eye:" schirrhus is "a hard tumor affecting the glands, often ending in cancer;" cancer is "schirrous tumor terminating in a malignant ulcer;" autopsy, "personal inspection." These definitions are evidently by one ignorant of the rudiments of medicine, who has borrowed without judgment, from obsolete authorities. We recommend all students to avoid the purchase of the book.

A Guide to Surgical Diagnosis. By Christopher Heath, F.R.C.S., etc. Philadelphia, Lindsay & Blakiston. 1879. Cloth, 8vo, pp. 214. Price $1.50.

This essay on surgical diagnosis groups surgical affections anatomically, and under this anatomical division aims to group the symptoms of each disease in the order in which they would strike a close observer. Thus, in reference to the head, we first have tumors and wounds of the scalp, fractures of the skull, concussion and compression of the brain, affections of the face, the eye, the ear, the nose, the mouth, and the jaw. Of these, under, for instance the nose, we have the symptoms detailed of inflammation, erysipelas, acne, lipoma, ulceration, chronic discharge, ozæna, necrosis, suppuration of the antrum, polypus, vascular growth and obstruction, the whole compressed into three pages. Necessarily this necessitates an amount of condensation for which completeness must be frequently sacrificed. The author seeks to make amends by giving only the most prominent diagnostic features; and as he is a skillful surgeon and finished writer, he succeeds remarkably well within the self-imposed limits he has chosen. The whole field of surgery is included, differential points being prominently brought into light, often by means of the tabular method. It is, indeed, the most satisfactory book of the class which has come to our notice.

THE

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D. G. BRINTON, M.D., EDITOR.

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WHAT PROGRESS THE METRIC SYSTEM IS MAKING AMONG US.

Last week we inquired of the three most prominent drug stores on the most fashionable street in this city, what proportion of their current prescriptions were written in the metric system. One answered about one per cent.; the second, very few except those received from abroad: the third, that they seldom received a prescription in this system, except from foreign physicians. These three stores probably do as large a prescription business as any three in the city; and they are located where they would first feel the effect of any such novelty.

The conclusion from this is that the introduction of the metric system, so far as Philadelphia is concerned, is an absolute failure.

There are many reasons for this, and good ones. When closely examined, there is by no means that simplicity about the metric system, nor is there that fixity about it, which its admirers have claimed. Its unit is notoriously based on a mathematical blunder, the meter not being the ten-millionth part of a quadrant of the meridian of Paris, as was supposed by those who first adopted it. It is wrong one meter in every five hundred and fifty-five thousand. Practically it is found very inconvenient to convert *accurately* apothecaries' into metric weights and measures. The *American Medical Biweekly* gives this example:—

"Suppose one desirous of prescribing twenty pills of arsenious acid, one-thirtieth of a grain each, the following would be the procedure: One grain is equal to sixty-five thousandths of a gram; a thirtieth of a grain is equal to one-thirtieth of sixty-five thousandths of a gram; this calculated is twenty-five ten-thousandths of a gram, and twenty times twenty-five ten-thousandths is five-hundredths of a gram, the amount the prescription would call for. This is a simple illustration, but it is enough to show that it is not as ready a method as is claimed for it; after the calculations are made the mere writing it is greatly simplified, but this is simple enough as it is."

In spite of care exercised in writing prescriptions, the metric system certainly offers greater facilities for errors in putting them up. A leading and skillful pharmacist in this city urged, in a conversation with us, that this alone is a sufficient objection to its introduction. Already, dangerous mistakes have been reported, and even fatal ones.

Another very great annoyance is that of prescribing fluids of all kinds by weight only; the volumes or cubic quantities are varying and uncertain. This is well put by Dr. J. F. BALDWIN, in a paper he read before the last meeting of the Ohio State Medical Society. Describing his experience in the use of the system, he says:—

"The principal trouble I have had has been in the feeling of uncertainty, when prescribing liquids, as to what would be the bulk of the resulting mixture. The familiar '*q.s. ad* —' of the old method sufficed to make the mixture equal a certain bulk: but the new system, at least as used in France and Germany, has no such convenient device. Not only does the difference in specific gravity lead to inaccuracy, but the various solids that are added also affect the bulk to a greater or less degree; so that it is impossible to predict, with anything like the degree of accuracy desired, the amount of medicine the patient will get."

Further, there has been no uniformity in the system itself as it has been presented to the American public. The Boston Metric Bureau advocates the Continental system, in which liquids are invariably prescribed by *weight;* the

Chicago Metric Club recommends the use of cubic centimeters—in other words, *volumes* for liquids; the United States Marine Hospital Service allows either to be used, believing that the difference of eight per cent. is "insignificant." But this is a great concession, and hardly to be admitted. Moreover, as the specific gravity of syrup is 1.317, should the prescriber assume that thirty grams of syrup equal an ounce, which would be true as regards water, and were he to use it as a vehicle, he would unwittingly increase the dose of his active drug one-fourth, which might entail disastrous results.

Various suggestions have been made to overcome these difficulties. By one of them it is stated in its favor that the approximate equivalents of grains and grams may be secured by means which might almost be styled mechanical. Let the physician prescribe his liquids, powders or pills, in a quantity equal to sixteen doses. Then every *gram* or *cubic centimeter* of active ingredient will be represented in *each dose* by a single *grain* or a single *minim*. But this is often inconvenient to do.

It has also been demanded in some quarters, whether we should humor the foreigners by adopting their plan of prescribing. Thus the Michigan *Medical News* says, editorially—

"We know of no reason why we should dance when our German and French brethren pipe, and especially when the music they give us is in such wretched time.

"America and England, together with English-speaking people the world over, are very slow to adopt the 'metric,' and we doubt whether it ever will become general among these people. If we were dependent on the French and Germans for all, or even a great part, of our scientific knowledge, we might feel it necessary to cater to their metric whim, but inasmuch as the great English-speaking people lead the world in science as applied to the useful arts, and to medicine and surgery in particular, there is nothing improper in their insisting that their European brethren shall come back to the old-time system from which they departed."

It is obvious, from the quotations and facts we have here gathered together, that the American profession does not intend to adopt the metric system at present, and that it declines doing so, not out of a blind conservatism nor a national pride, but because the system has serious drawbacks which have not yet been removed. Pharmacists, also, are, so far as we can learn, generally opposed to it; and while it is well for all physicians to be able to understand the metric method, both to read it and to write it, it were premature at this present time to adopt it in text books and treatises, or even in periodical literature. This may be considered as a general reply to the question we have been several times asked, why the MEDICAL AND SURGICAL REPORTER does not adopt it exclusively.

NOTES AND COMMENTS.

Therapeutical Notes.

METALLIC MERCURY IN SYPHILIS.

In the *Archiv. für Klin. Med.*, Dr. Furbringer recommends the hypodermic use of metallic quicksilver in syphilis. His formula is—

R.	Hydrarg. depur.,	2.0
	Mucilag. acac.,	10.0

Rub well together, and gradually add—

R.	Glycerin. puriss.,	10.0

This makes a permanent emulsion, not readily oxydizable. The absorption of mercury in this form is very gradual and efficient. About half a syringeful (= 0.050 metallic mercury) is an average dose.

A CHEAP ANTISEPTIC.

A new and cheap antiseptic is made by dissolving in water equal parts of chloride of potassium, nitrate of sodium, and boracic acid, filtering and evaporating to dryness. It is easily soluble in water, and is deliquescent. It passes under the unscientific name of double borate of potassium and sodium, and its action as an antiseptic is said to be prompt, and to continue undiminished for a long time. It is a good application, in solution, to ulcers, foul wounds, etc.

SEA WATER GARGLE IN CHRONIC CATARRH.

Professor Mosler, of Greifswald, says, in the *Berlin. Klinische Wochenschrift*, June 2d, 1879, that he has for some years most successfully treated patients with chronic catarrh of the throat by gargling with sea water. Special rooms for gargling have been erected on the seashore in some watering places, according to his directions. It is, however, essential that the patients should be given special directions how to gargle. As the affection is generally located in the naso-pharyngeal space, it is necessary that part of the water should come in contact with the nasal cavity. In order to attain this, the garg-

ling movements must be combined with movements of deglutition. A marked improvement in the state of the patient follows as soon as the latter has acquired this particular art of gargling.

BROMOHYDRIC ACID IN ULCER OF THE STOMACH.

A writer in the *Lancet* says he has found this acid useful in the treatment of chronic ulcer and other painful diseases of the stomach. It arrests the obstinate vomiting attendant on these diseases when all other means fail, thus enabling the stomach to retain food and medicines. By thus resting the stomach, bromohydric acid favors the administration of other remedies, and must expedite the cure when the case admits of it. He gives twenty minims to half a drachm in an ounce of water, every two hours at first, gradually reducing it to three or four times a day.

The Management of Opium and Morphia Poisoning.

Readers will remember that Dr. Sholl recited, some time ago, in the REPORTER, a case of morphia poisoning successfully treated by veratrum viride. In the *Lancet and Clinic*, Dr. J. S. Haldemann adds to this a similar instance from the *Cosmos*, and concludes a general review of the physiological antidotes of morphia with these words:—

"I have great faith in the veratrum viride as an antidote to morphia poisoning. It is undoubtedly a powerful alterative and nervine, and has indisputable arterial sedative virtue. Therefore, should I be required to treat a case where the deep, hypnotic effects of morphia had to be counteracted, I should be inclined, most certainly, to give this article the first, and a fair trial. If it then should fail me, my next resort would be strychnia; and if disappointed in it, then belladonna would 'come in' for a trial, together with such topical applications and remedies as would naturally and rationally suggest themselves."

The Sclerostoma or Anchilostoma Duodenale.

On page 40 of this volume a case of this parasite in this country is noticed, and its frequency in Egypt mentioned. Since then we see in an exchange that Dr. P. Sonsino, an Italian physician, found that in nine neuroscopies made in Cairo, seven of the cadavers contained this parasite. In a communication made last year to the *Società Medico-fisica*, of Florence, he stated that these worms are found firmly attached to the mucous membrane of the duodenum and jejunum; after eroding this membrane they suck out the blood, and thus abstract it from the individual. When there are many present a considerable amount of blood is lost, and hence there is more or less intense anæmia In a woman dying of anæmia perniciosa progressiva at the hospital in Florence, the intestines were found to be very thin, pallid, and almost transparent. Hundreds of the parasites were found in the jejunum, and a number in the ileum. They were dead, and attached to the mucous membrane, which presented corresponding grayish ecchymoses. No other lesions were found sufficient to account for the profound anæmia.

Report of the Philadelphia Board of Health.

This valuable document makes a volume of nearly four hundred pages. The portion devoted to the statistics of births, deaths and marriages occupies nearly a third of this. They relate to the year 1876, and have been most carefully compiled and arranged by Dr. Wm. H. Ford, now President of the Board, and Dr. R. A. Cleemann. Many curious results are reached: as that in this city the excess of male over female births is considerably above the average; that the birth rate among the colored population is deficient and their number almost stationary; that the autumn and winter months are invariably the most prolific, and the spring months least so; that after the crisis of 1873, there was and continues a marked decrease in the number of marriages: that nearly one-half the deaths occur before the completion of the tenth year, and nearly one-quarter (24.09) before the completion of the first year; and many more. The relation of sewer gas to typhoid fever is fully discussed, and the connection affirmed to be close. A large number of charts and diagrams are inserted, and a very careful meteorological record.

The report of Dr. W. M. Welch, physician in charge of the Municipal Hospital, is particularly full on the subject of smallpox and its complications.

Varieties of Psoriasis Palmaris.

Dr. Wm. Cottle writes to the *British Medical Journal*—

I am in the habit of recognizing five distinct diseases that are wont to occur on the palm or sole without other parts being necessarily simultaneously involved, and which may present a not very dissimilar appearance, namely, eczema, psoriasis, syphilis, lichen ruber, and erythematous lupus. I have frequently met with psoriasis in this situation as part of the general

non-syphilitic disease, often in gouty subjects, and with no coexisting eczema. There is also a form of palmar psoriasis to which the late Mr. Nayler first called my attention, and which, for the sake of distinction, he was in the habit of designating "non-specific palmar psoriasis." In these cases the skin of the whole palmar surface of the hand, fingers and thumb is red, thickened and hard, and the natural furrows of the skin occupied by small white scales, so that the whole surface is mapped out with fine white lines. No cracks nor fissures are present, and the part is always dry and harsh, and generally hot and irritable. The condition may exist with or without psoriasis in other situations, and nearly always occurs in women.

Commercial Impositions on the Profession.

In the September number of the Chicago *Pharmacist and Chemist* a striking example of the imposition practiced on the profession by some unscrupulous drug firms is mentioned. A circular issued by Merrill, Thorp & Lloyd, of Cincinnati, is quoted, advertising *alstonia constricta* as an ague cure, ingeniously intimating that its great value may soon make it quite scarce, and offering the powdered plant at $1.00 per ounce. The regular wholesale price in New York city, of this almost worthless drug, is 85 cents to $1.00 *per pound!*

It is a duty which we cheerfully perform to put our readers on their guard against all firms who endeavor to exploit the profession in this manner.

Mesmeric Anæsthesia.

An interesting illustration of this curious condition is reported to the New Orleans *Medical and Surgical Journal*, by Dr. E. L. Day, of Texas. It is as follows:—

"Willis Francis, colored man, about 25 years of age, had his great toe badly injured by having heavy iron rollers fall upon it. About ten days after the injury he consulted Dr. Legreud, who decided to amputate, and as an experiment, called upon Mr. James Armstrong, of this place, who claims the power of magnetization, to exercise this influence on his patient. The magnetizer commenced by passing his hands slowly and steadily in front of the patient's face for a period of five minutes, when he closed his eyes as though in sleep. The doctor then performed the operation, the patient remaining all the while in a state of complete anæsthesia. By simply snapping his fingers sharply in the patient's face the influence was removed."

Fracture of the Fœtal Skull from Uterine Contraction.

The following case given by the Vienna correspondent of the *Canada Medical Journal* is one of great interest, not only to the obstetrician but also to the medical jurist. It proves that uterine muscular action alone is sufficient to cause fracture of the head of the fœtus. A powerfully-built woman, aged thirty-seven, was admitted into C. Braun's wards, in her ninth pregnancy. The previous eight labors were all severe. During the course of the labor rupture of the uterus took place, and a dead child was removed from the peritoneal cavity by abdominal section. The mother lived twenty-four hours. On post-mortem the uterus was found to be greatly hypertrophied. A rent 15 ctm. in its long diameter (transverse) was found in the cervical region, through which intestines protruded. The antero-posterior diameter of the inlet was considerably narrowed. On examining the child's head, the parietal bones superiorly were found to be completely separated, and a fracture in the right one 4 ctm. in length. There was effusion of blood upon the meninges.

Physiological Effects of Brucine and Strychnine.

Dr. Lautenbach reports experiments with these agents, in the *Medical Times*. His conclusions are as follows:—

Brucine treated with acetic acid injected into a Rana temporaria, in the proportion of one part of the alkaloid to about fifteen hundred parts by weight of the frog, produces a non-excitability of the motor nerves, through a direct action on these structures.

Brucine treated with hydrochloric acid produces the same effect in the Rana temporaria; but in the Rana esculenta it, in much smaller doses, paralyzes the motor nerves without having previously induced tetanus.

Strychnine treated with acetic or hydrochloric acid produces in the Rana temporaria paralysis of the motor nerves in one-sixth the dose necessary for brucine to produce the same effect.

Bright's Disease.

The eminent Professor Bamberger has contributed a very able study of this disease to the Pesth *Med. Presse*. He believes that it is very much more frequent than is generally supposed, and often is not recognized by the attending physician. He does not believe in the modern divisions into parenchymatous and interstitial nephritis, and thinks it better to adhere to the old view, that the disease is one and single, presenting itself, however, either in primary or

secondary form, acute or chronic, etiological or symptomatic. He finds in phthisis 16 per cent., in aortic disease 9, in pregnancy 6, in chronic skin disease 5.2, in general urinary disease 5.5 per cent. of patients have albuminuria. In alcoholism he found but 4.8 per cent., and expresses his doubts whether this plays such a role in causing Bright's disease as many have said.

Evidences that Dead Infants were Born Alive.

At the conclusion of a close study of this subject, Dr. S. W. Abbott states, in the Boston *Medical and Surgical Journal*, that the medical examiner may infer that a child has lived during and after its birth, from the following signs:

1. When the diaphragm reaches only to the fifth intercostal space.
2. When the lungs more or less completely fill the thorax.
3. When the ground color of the lungs is broken by insular marblings.
4. When, by careful experiment, the lungs are found to be capable of floating.
5. When a bloody froth exudes from the cut surfaces of the lung on slight pressure.
6. When the air cells are visible to the naked eye.

These proofs, complete as they are, may be strengthened by the cicatrization of the umbilicus, the scaling of the epidermis, the closure of the fœtal ducts, the size of the osseous nucleus of the inferior femoral epiphysis, the existence of milk, sugar, starch, or medicines in the stomach, determined by the appropriate chemical tests, and by the presence of fecal matter other than meconium in the lower intestines.

Another Discoverer of the Circulation of the Blood.

It is generally believed that Servetus was the first to describe the pulmonary circulation. M. Chéreau, in the *Revue des Deux Mondes*, brings great learning and research to prove that Servetus must no longer be credited with this discovery. It was Realdo Colombo, "the Claude Bernard of the sixteenth century, the type of the true *savant*, the enemy of hollow theory, the lover of truth, and seeking it in vivisection"—it was Colombo who first recognized the physiology of the lesser circulation, according to M. Chéreau.

It is true that Harvey himself attributes the discovery of the lesser circulation to Columbus, and the latter claims it distinctly for himself; but it is also true that the work of Servetus was published before that of Columbus, and is, in one respect, more accurate—to wit, that he denies any direct communication between the ventricles of the heart.

How to Gargle the Naso-pharynx.

When the gargle is designed to reach the naso-pharynx, Dr. Löwenburg recommends the following method:—

The patient inclines the head horizontally backward, and performs movements which we may call "quasi-deglutition," not including the last portion of this physiological action, definite swallowing. The liquid is passed much higher behind the soft palate than the ordinary method of gargling will permit; some persons succeed so well in this manœuvre that they are able to reject by the nose the liquid which has been received by the mouth. Moreover, these rapid muscular contractions completely detach the abnormal secretions, which can then be easily expelled, and the greatest possible relief is thus given to the patient.

Tayuya as an Anti-Syphilitic.

We have at various times referred to the tincture of tayuya as an alleged anti-syphilitic. It is prepared from a Brazilian plant, and has been tried especially in Italy. Dr. Ciro Betelli has lately submitted it to a careful chemical examination, and has isolated two active principles, both poisonous, of the class of narcotic paralysants. Prof. Tantarri gave the tincture a full trial in the hospital of St. Ursula, Bologna, and pronounces the opinion that it does not in any way modify the development of syphilis. Dr. Pedrelli reports two cases with similar negative results.

On the testimony of these witnesses, whom we quote from the *Journal des Sci. Med.*, of Louvain, we think tayuya may be dismissed as valueless, at least so far as its action in syphilis is concerned.

Sanitation in Yellow Fever.

Many of the Southern physicians doubt whether the most careful precautions materially influence the spread of yellow fever. Dr. J. H. Herrick, one of the editors of the New Orleans *Medical Journal*, for instance, says, in a recent note—

As to local sanitary conditions, observation amply proves that yellow fever is not mitigated by good nor aggravated by bad sanitation. The three conditions needed for a prevalence of the disease are subjects susceptible to its specific cause, the presence of this cause, and a temperature high enough to render it active. Eliminate one, and the other two fail.

Responsibility of the Insane.

In cases of partial insanity the responsibility of the sufferer is constantly a vexed question. Among late studies of the subject is one by Dr. T. L. Wright, of Bellefontaine, Ohio, which appears in the Cincinnati *Lancet and Clinic*. He reaches the conclusion that the partially insane are always responsible; that they are never responsible in an equal degree with the sane; that they cannot justly be held responsible in the same manner or kind in which persons of sound mind are held; and finally, that as a corrollary from the above conclusion, it is claimed that it is the duty of the State to provide a place of confinement for the criminally insane, different from jails and penitentiaries, and different also from the ordinary insane asylum.

The Alkaloids of Squills as Diuretics.

The hypodermic injection of the various alkaloids of squills has been tested by Dr. Fronmüller, and the results given in the *Memorabilien*, No. 6, 1879. It is well known that squills contain an acrid narcotic poison. In Merck's famous laboratory three alkaloids have been extracted, *Scillitoxin*, *Scillin* and *Scillipicrin*. The first mentioned contains largely the poisonous principle, the second occurs in very small quantity, while the third is not at all poisonous, is tolerably abundant, and easily soluble in water. Dr. Fronmüller found it to take the first rank as a diuretic. In fifteen cases of oliguria it doubled the discharge, or more, in all but one, and in that considerably increased it. The local irritation was easily met by ice applications.

Arsenic in Cardiac Disease.

The effect of arsenic on the heart is not alluded to in the works of Hayden or Fothergill (at least not in their indexes); nor does the "National Dispensatory" speak of it in this connection.

Dr. Darwin, the father of the present eminent philosopher, was probably the first to notice the specific action of arsenic over the nervous system and heart. He administered a saturated solution of arsenious acid in a case of heart disease with surprising effect. Full doses of the more soluble preparations of arsenic produce retardation of the heart's action, an effect said to be due to paralysis of the motor ganglia, or rather to a limiting action of the remedy, which renders the muscular tissue of the heart less irritable.

Correspondence.

FOREIGN.

The International Medical Congress.

Amsterdam, Holland, Sept. 12th, 1879.

Ed. Med. and Surg. Reporter:—

I cannot permit to pass unnoticed such an interesting occasion as the meeting of the "International Congress of Medical Science," holding its sixth annual session, this year, in the interesting city of Amsterdam. Accordingly I send you a few lines concerning the position of Prof. L. A. Sayre and his associates, who during the sittings of this Congress are looked upon as representative Americans.

The distinguished and learned Prof. Donders, of Utrecht, a most noble man, with a warm and generous heart, and who does honor to the specialty of ophthalmology, has been elected President. In this choice the Congress displayed its good taste, for the honor was certainly merited. Soon after taking his chair the President announced the various Vice-Presidents, who, as a rule, were men renowned in their respective countries. Among them was Dr. Sayre, whose appointment was received by the Congress with unanimous applause. As he stepped upon the platform to acknowledge the compliment, his elegant physique and grand head made me feel proud of my country's representative. And I would mention in passing, that no other man, with the exception of our noble "Gross," has done so much toward paving the way for the proper reception of American medical men in Europe. Dr. Sayre's wonderful fund of knowledge, and his facility of manipulation of the joints of the human body, coupled with his natural eloquence and noble unselfishness, makes every lover of his profession estimate him most highly. These attractive features in his character, and his enviable position of President elect of the American Medical Association, have been appreciated, not only by his colleagues throughout Holland, but also by the citizens of Amsterdam.

Not to be outdone by the attentions he has received, he yesterday gave a dinner, which was in every respect worthy of the occasion. Some fifty gentlemen sat down in one of those rarely furnished rooms in the "Maison Zomerdijk Bussink," which by its size and appointments is so well adapted for both comfort and entertainment. After full justice had been done the viands before us, and the bill of fare was all the greatest connoisseur could have desired, our host announced the toasts, prefaced by the following remarks:—

"Standing here, in the presence of the representative of my country in Holland, Mr. Axerme, our American Consul, and under my native flag, I thank you all here present, from the bottom of my heart, for the great honor that you have done me in coming to this place, and for the pleasure that I now feel in having your company."

Then followed a manly and most excellent speech from the American Consul, also speeches from the Amsterdam Council. Most admirable and appropriate were the remarks of each medi-

cal representative, especially those of Prof. Lister and Ernest Hart, Esq.

The remainder of the evening was devoted to a musical and dramatic entertainment, under the auspices of our confrères of this city, and so ended one of the most admirable reunions of the medical men of Amsterdam.

Enclosed please find a detailed programme of the proceedings of this Congress.

LAURENCE TURNBULL, M.D.

Puerperal Convulsions.

ED. MED. AND SURG. REPORTER:—

It has been the misfortune of the writer to meet recently, 15th inst, his second case of this kind the current year, and as the result in a typical case follows a certain line of treatment, it may be well to advert to it now, as was done in the case of February, reported in this journal. The frequent failure of our best directed and most assiduous efforts in this fearful trouble should at least lead us to reflect on that which holds out the best chance, as time is life here, while delay or indecision is death.

Sunday, September 15th, 6 A.M. Mrs. M., primipara, age 20, 8 months gone. Sanguine and of full habit, slight general anasarca. First convulsion came at 3.30 A.M., in her sleep, waking her husband by its violence. Her fifth convulsion had just passed off. Inserted at once, hypodermically, ½ grain morphia and ten drops fluid ext. veratrum viride. While trying to cord the arm another violent convulsion came on, immediately after which she was bled from a free orifice, rapidly, to three pints, under which perfect quiet of respiration and soft steadiness of circulation were brought about. In 15 minutes another convulsion came; bandage was taken off and she was bled two pints more, till she became perfectly quiet. From this there was no return of convulsion. A malarial complication being suspected, 20 grains of calomel mixed with butter was put in her mouth. At 9 P.M., in a semi-conscious state, she asked to relieve the bladder, and passed one pint of urine, smoky-black in color. From midnight she was able to take quinine freely; slight pains came on Tuesday, but quieted down. Quinine again from Tuesday midnight. At 6 A.M. Wednesday she was fully conscious. Labor then set in regularly. At 9 P.M. gave birth to a living child, and at this writing has progressed to a happy convalescence, intent on eating, both child and mother living and thriving.

EDWARD H. SHOLL, M.D.

Gainesville, Ala., Sept. 22d, 1879.

Morphia in Asthma.

ED. MED. AND SURG. REPORTER:—

In Vol. XLI, No. 13, Dr. S. Leslie West mentions the hypodermic use of morph. sulph. as a successful method of alleviating the sufferings of patients afflicted with asthma, and by way of apology states that he has not seen this treatment mentioned in medical literature.

Niemeyer, in his "Text Book of Practical Medicine," refers to it, and Hartshorne, in "Essentials of Practical Medicine," states that, according to the practice of Hirtz, "Hypodermic injections of morphia have sometimes given immediate relief."

I would also add that I have frequently given morphia hypodermically in asthma, in hospital practice, while interne in the City Hospital, of St. Louis (1876), and always with beneficial results.

In private practice I have not resorted to hypodermic injections, for the reason that I have not had a case that would not yield to the use of potassium iod. in an infusion of senega (or combined with the syrup) and the inhalation of the fumes of stramonium and nitre.

There is this objection against the use of morphia hypodermically, that patients are very liable to become habitual consumers of this drug, and thus "jump from the frying pan into the fire."

A. H. MEISENBACH, M.D.

Muscoutah, Ill.

The Decimal System Again.

ED. MED. AND SURG. REPORTER:—

The prompt adoption of the metric system by the medical profession is surely a strong and telling refutation of the idea that the profession clings to old and antediluvian notions and systems, simply because they are old and have become generally used. But it is always best to make haste slowly. It certainly is not a perfect system of weights and measures to adopt, if it is necessary, as Dr. Prince suggested in his last article, published some time ago in the *American Practitioner*, "to furnish his apothecary a table of approximate equivalents." It is generally understood, I think, that a prescription should be so written as that any competent druggist may fill it. In late numbers of the REPORTER Drs. Merrick and Connor propose to inaugurate the new system on this plan. They will have one grain represented by .06, but sixty grains will not be 3.6 but 4. This discrepancy it is proposed to drop. Now, I am in favor of the new system, but I don't think it is just the thing to have an "understanding with your druggist." Better learn the system as it is and should be learned, and then let the druggist do likewise, and he will have no trouble. The new system, if of any value, must be alike everywhere.

Le Claire, Iowa. J. A. DE ARMOND, M.D.

NEWS AND MISCELLANY.

Personal.

—Dr. Julius Klob, Professor of Pathological Anatomy at the University of Vienna, died recently, of typhus, at the age of 49 years.

—The death of M. E. Chassaignac, the celebrated surgeon of the Lariboisiere Hospital, Paris, and the inventor of the *écraseur* and drainage tube, took place August 26th. He was born in 1805. His clinics were very popular, but several years ago he retired from the active duties of the profession. We remember him well "twenty golden years ago."

College Items.

—The Jefferson and University, of this city, have opened with full classes. Dr. Roberts Bartholow delivered the introductory address in the former.

—The Cincinnati Colleges have lately made a commendable advance, by raising their fees, and we are glad to report that instead of a falling off in the number of students, there is an actual increase over past years at this time in the season, and by another year it is said they will all be in condition to take steps in placing themselves on the same plane with Harvard, the University of Pennsylvania, Chicago Medical College and Bellevue Hospital Medical College, which last mentioned has announced that after the session of 1879-80 it will adopt a graded three years course with final examinations in the elementary branches at the end of the first and second sessions; the examinations for graduation at the end of the third session being confined to the branches of Practice of Medicine, Surgery and Obstetrics.

Alarming Prognosis of Protoplasm.

At the last meeting of the British Association for the advancement of science, Professor Huxley actually indulged in some fun at the expense of the primordial "basis of life," or protoplasm, which some years ago he and Haeckel had christened *Bathybius*. The Professor said his young friend Bathybius was a youth of great promise, but had not turned out so well as his friends expected. A gentleman present made the following summary of Dr. Allman's address, as President of the Association:—

> From life to consciousness the chasm
> Cannot be bridged by protoplasm.
> All flesh is grass, but chlorophyll
> Can all man's duties not fulfill.

Moral:—Be not in haste to pin your faith to the dreams of "great thinkers."

Ohio Anatomy Act.

At last Ohio has an anatomy act. It was passed last June, and goes into effect January 1st next. It enacts that the unclaimed bodies of those dying in public institutions shall, "on the written application of the professor of anatomy in any medical college, or the president of any county medical society, deliver to such professor or president, for the purpose of medical or surgical study, or dissection, the body of any person who has died in either of the said institutions, from any disease not infectious, if such body has not been requested for interment by any person at his expense." No State has more urgently needed such a law.

The Yellow Fever.

The *Bulletin* of the National Board of Health observes—

The most striking feature in the comparison of the fever of 1878 with that of 1879 is the wide diffusion of the pestilence in the former as compared with the latter year. Not only did it spread rapidly through the cities which it attacked last year, but it extended quickly to neighboring villages, which it remorselessly decimated. At this period last year it was reported that the "fever prevails in a number of small towns in Louisiana, Mississippi and Kentucky." Its progress is very different this year. In Memphis its course is slow, while in New Orleans it has been completely arrested. Thus far it has attacked but few small towns, and in those it has been summarily stamped out.

Items.

—In the recipe for koumiss, page 280, an obvious misprint occurs: "carbolic" for "carbonic acid."

—Attention is directed to the advertisement of the gentleman who advertises for a partnership in this number.

—An instance of heredity in crime is furnished by Elias Phillips, of Freetown, Mass., who recently appeared as a witness in a burglary trial, having turned State's evidence. He is a great grandson of Malbone Briggs, a notorious criminal, who was in State prison with seven of his sons at one time. Briggs' ancestry is traced back to a noted pirate in the time of Earl Bellamont, and his branch of the family has for over a century furnished noted criminals in every generation.

QUERIES AND REPLIES.

Morphia in Asthma.

MR. EDITOR:—If Dr. West, of Wilmington, Del., see REPORTER of Sept. 27th, page 284, will add $\frac{1}{60}$ grain sulph. atropia to his dose of morphia, in his asthma cases, he will, I am satisfied, find he will need less morphia, and his puncture will give larger respite, and act better in every way. I have treated spasmodic asthma by hypodermic use of morphia for four years, and for the last two years always combined with sulph. atropia.

Ironton, Tenn. S. W. CALDWELL, M.D.

Dr. J. B. H., of N. Y.—You can order French and German medical periodicals through E. Steiger, 25 Park Place, New York city. He has a catalogue of them which he will send you on application.

Dr. H. P., of Ga.—English authorities no longer attribute gout to fruity wines or alcoholic beverages, but to excessive nutrition.

Alva.—Browne's *Jurisprudence of Insanity* will probably meet your wants.

Student—Anybody has a right to call themselves Veterinary Surgeon in England, and to practice as such: the claim amounts to nothing.

MARRIAGES.

ARNOLD—SPIER.—In New York, at Trinity Chapel, on Tuesday, September 23d, by the Rev. Dr. Swope, assisted by the Rev. Dr. Houghton, Glover C. Arnold, M.D., and Emily, daughter of Judge Gilbert M. Spier.

BOND—BARNES.—On the 25th ult., by the Rev. William H. Neilson, Frank H. Bond, of this city, and Miss Mary Barnes, daughter of the late Dr. John R. Barnes, formerly of Camden, N. J.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1181.] PHILADELPHIA, OCTOBER 18, 1879. [Vol. XLI.—No. 16.

Original Department.

Lecture.

FLATULENCE AS A SYMPTOM OF DYSPEPSIA—ITS CAUSE AND TREATMENT.

Delivered at the Philadelphia Hospital,

BY JOHN M. KEATING, M.D.,

One of the Attending Physicians.

REPORTED FOR THE MED. AND SURG. REPORTER.

Gentlemen:—This morning I have the pleasure of bringing before you a case that may serve as a text for my lecture, and aid in fixing your attention upon the subject, not frequently dwelt upon in hospital clinics. The patient before you was admitted to the hospital a few days ago, having been an inmate of the House of Correction for several months. Her age is about 25, her temperament of the most marked emotional type, her family history as uncertain as is usual in her position in life, and her previous history more a matter of conjecture than based upon any reliable facts. In such a case you have to begin at the beginning; take nothing for granted; place no reliance upon statements, but depend upon your own examination for the correctness of the diagnosis. I may say that after careful inquiry it has been reported to me that her disorder is confined to the abdomen. So, eliminating all other points for discussion, we will consider the present condition of the viscera. I find her abdomen enormously distended, as much so as if she were at the full period of pregnancy. She states that to this enlargement she has repeatedly called attention, and that numerous physicians, after careful manipulation, have detected a tumor in the central portion of the abdomen. This tumor was present when I first saw the case; its character I will give you in a few moments. What our patient most complains of is a distended abdomen, extreme hyperæthesia, particularly over the points of distention, general nervousness, sleeplessness, in fact, all the concomitants of a hysterical condition. What is the cause of this enlargement? We will determine this by the four modes of physical exploration, inspection, palpation, percussion and auscultation. You will notice that the shape of this enlargement is somewhat conical or pyriform; that is to say, the centre of the abdomen projects and the sides are symmetrically enlarged. There is no lateral bulging, no contour line of a tumor in either flank, no evidence of an inter-pelvic growth causing a projection from either iliac fossa. Therefore, hepatic, splenic, and ovarian tumors are rejected. You will also notice from this that the presence of ascites is not indicated. But strange as it may seem, having thus carefully eliminated growths and tumors that are lateral, I find upon palpation (you notice how extreme is the hyperæsthesia when I place my hand upon the patient) a marked tumor, rigid and firm, upon one side of the median line, and as I endeavor to define its edges and make more sure of its presence, by comparison with the healthy side, I find another in position directly opposite. The patient becomes rigid; her knees are drawn up firmly, flexing the thighs upon the pelvis; she complains of pain, which the *slightest* touch causes; in fact, as I endeavor to define these masses, I notice that at times the complaint comes even before my hand has come in contact with the skin. To avoid delay, let me say that upon a previous examination, when flexion of the thigh was strictly forbidden, and the patient's

emotions somewhat controlled, the masses that are to-day smooth, round, and firm, and of no small pretensions, were not discoverable. Their presence is transient; their cause muscular rigidity; they are nothing more than the powerful knotting of a firmly contracted rectus abdominis muscle: so-called phantom tumors. Percussion gives us a loud tympanitic note over the entire abdomen, but of higher pitch and greater tension in the centre, where the greatest enlargement seems to be. Auscultation shows that the percussion note has given us a correct interpretation; the gurgling heard, and increased if pressure be made upon the flanks at the time the stethoscope is in position, shows the presence of air in the small intestine.

We have therefore determined that our patient's large size depends upon an accumulation of air or gas within the small intestine, and as this is one of the most common symptoms in many cases of dyspepsia, I bring her before you that we may study its causes. The gaseous contents of the intestine, large or small, may be of two kinds: that arising from fermentation of food, and the presence of atmospheric air; the latter gains entrance during the act of swallowing. Food of the starchy character is, of course, more apt to produce flatulence than any other, and certain of other articles of diet, particularly eggs, will invariably cause an accumulation of sulphuretted hydrogen, if the digestive juices are not secreted in sufficient amount to prevent decomposition. The mucus of intestinal catarrh, particularly in children, may decompose, and tympany result; or again, paresis, or paralysis of the intestinal walls, may be consequent upon typhoid or other fevers. The sudden accumulation of flatus, caused by any of the conditions just mentioned, may give rise to symptoms requiring immediate treatment, and to these cases I will now call your attention. At the cæcum, where, as you know, obstructions from accumulation are not uncommon, a sudden descent may be made by a monsoon from the small intestine, and closure of the valve-like opening take place, either from kinking of the intestine or from the infarction of matters brought down with the pressure. The cause may be indigestion, irritating food, or cold, and your patient, suffering the most intense torture, fairly writhes in his agony. The abdomen will become enlarged, its shape will be pyriform, like that of the woman before us.

To such a case I was called only the other night; the patient, a lady, was advanced in years, very delicate, and one who, following the usual habit of a sedentary life, neglected her bowels. Her agony was intense; the pain was paroxysmal; the umbilicus protruded; the abdomen was as tight as a drum.

After careful manipulation I detected a tumor, irregular, and feeling like a mass of putty beneath my firm pressure, in the right iliac fossa. There was an attempt at regurgitation of air, and vomiting gave relief for a time. What was the treatment? First, relief of pain, a hypodermic of morphia and atropia (¼ gr.–$\frac{1}{50}$ gr.); then the administration of large draughts of hot water with gin, to endeavor to cause relief by vomiting or regurgitation; a few drops of chloroform on a handkerchief anticipated the action of the narcotic. But, gentlemen, though this treated the symptoms evidenced by disordered action, the cause that clogged life's machinery was still doing its work. While the morphia controlled the pain, several doses of calomel (½ gr.), given hourly, upon the tongue, did its work, and when the last dose, amounting in all to but one grain, had been given, the following mixture was ordered every two hours, to continue the effect:—

℞. Magnesii sulph., gr. ss
Acid. sulph. aromat., gtt. x
Ext. prun. virg., fld., f. ʒ ij
Aquæ fluvialis, f. ʒ ij.

Hot mush poultices applied to the abdomen, covered by oiled silk, small quantities of wine-whey as the only nourishment, and absolute rest. Next morning a *large clyster* of warm suds and ol. ricini was given, and the result of this quiet, persistent treatment was the passage of numerous enormous stools, the partial diminution of the tumor, and the immediate expulsion of the gas in the small intestine. Having once secured an opening for the free passage of wind, massage, or kneading of the abdominal walls, furthered its progress; this I ordered done every night; bland unirritating diet, an occasionally nocturnal dose of the following mixture, and enemata to assist, if necessary, in the early morning:—

℞. Syr. sennæ, B. P.,
Vin. xer., āā f. ʒ ij.
Take at night.

But after a distention of this sort the muscular coats of the intestine need stimulation; their tone has been impaired, and a tonic is demanded. For this purpose my patient took regularly the following, three times daily:—

℞. Tinct. nucis vom., gtt. v
Elix. cinch. calys., ʒ ij
Tinct. gentian comp., ʒ ij. in water.

I have endeavored to familiarize you with two forms of flatulence in the small intestine, the one chronic and hysterical, the other acute. I

may add that you can have all varieties grading toward either of these forms; the symptoms bearing a close resemblance to either of the cases recited. For instance, a tea-drinking servant girl, whose indoor life and irregular habits have rendered her a fit subject for dyspepsia, will come to you with the following complaints: Great flatulence after eating, constant eructation of wind, acid stomach or vomiting, a feeling of fullness in the epigastrium, and the necessity of loosening the clothes to give relief after eating. Headache, no appetite and constipation complete the list of ailments. Now, in such cases exclude ulcer of the stomach, which you know is accompanied by pain, localized and burning, with occasional vomiting of blood, and you will have a complete case of the sub-acute form of gastric or enteric dyspepsia. In the treatment of such a case you should first order a laxative; for instance, a couple of pil. rhei comp. every other night. Then, depending upon the severity of the symptoms, pursue either of two courses: if the patient really is a great sufferer, and the disease has lasted for some time, and there is great epigastric tenderness, you may be sure that the mucous membrane is affected with a mild catarrh, and you can order nitrate of silver, with ext. conii, in pill form, these being given when the stomach is at rest. Milk diet at regular intervals should be enforced. But if the case is of a milder type, you can order your patient a powder of bismuth subnit. and pepsine, to be taken before eating, or charcoal in good sensible doses. The best way of administering these large powders is to have them put up in gelatine capsules, or if you live in a city have them put up in form of compressed pill. When the case is of a still milder type, that usually found in a higher rank of society, and where a feeling of discomfort and fullness is the sole complaint, with nausea, nothing acts so admirably as creasote, or probably still better, salicylic acid, in a mixture with aromatic spts. ammon. The association of cardamom, in the form of compound tincture, aids as a carminative. But bear in mind the lesson of the case of to-day: all flatulence is not due to decomposition of food; the hysterical element predominates in most cases of young women whose habits or occupation tend toward dyspepsia. Your antiseptic or neutralizing treatment will be merely palliative; the symptoms of which your patient complains have a deeper seated cause than the irritation from the changes in the food. They are dependent upon an unbalanced nervous system, from emotional or nutritive causes. This reacts and clogs the machinery of glandular function; the digestive juices fail to be poured into the intestinal canal, food decomposes, irritates, or if the nervous element predominates, swallowed air inflates the viscera, and the patient resembles the one before us. Certainly, the indications for treatment under these circumstances are evident enough; you first of all give your attention to the nervous system.

Rest is the most important point in your treatment; rest of *mind*, allaying of nervous irritation; for this purpose your sheet anchor is *opium*. I have no hesitation in saying that in the treatment of these hysterical dyspeptics—and I consider every young girl with dyspepsia as one where the nervous system will be found sooner or later at fault—*opium* is far superior to the bromides. Do you fear the establishment of an opium habit? you have it in your power to conceal from your patient the composition of her dose; if you watch your case carefully, and take the reins in your own hands, you need have no fear. Of late I have used the following mixture at night, in these cases, and have found it to work admirably, giving a refreshing night's rest, no morning headache, calming nervousness:—

R.	Morphiæ sulph.,	gr. $\frac{1}{4}$
	Acid. hydrobromic, dil.,	f. ʒ ss
	Syr. tolutan.,	f. ʒ ij
	Aquæ,	f. ʒ ij.

A "dinner pill" given occasionally will keep the bowels regular. A half hour's rubbing of the abdominal walls, and kneading them at night, will greatly stimulate the intestinal peristalsis. You may give also in pill form the following, often used in this hospital with great success:—

R.	Acid. arseniosi,	gr. $\frac{1}{30}$
	Strychniæ sulph.,	gr. $\frac{1}{60}$
	Ext. belladonnæ,	gr. $\frac{1}{6}$
	Cinch. sulph.,	gr. iss
	Pil. ferri carb.,	gr. ijss. M

If your patient, as is often the case, is sallow, of muddy complexion, yellow conjunctiva, and a coated tongue, you will find that nitro-muriatic acid, with a bitter vegetable tonic, will be of advantage if given before meals. I prefer gentian to all others. Daily massage, out-door exercise, occupation, will soon reinstate your patient, reëstablish her functions, and cure the dyspepsia.

Having now devoted as much time as we can spare to the discussion of this form of flatulence, let me call your attention to that variety where the colon is the seat of the accumulation of gas. As a rule this is usually found in the two extremes of life. The diagnosis is easily made, for instead of the enlargement being found in the centre of the

belly. it will occupy the position of the colon, will be lateral. and will, by pressure, when excessive, interfere with the movements of the diaphragm, and be a cause of dyspnœa.

You will frequently find this form of flatulence associated with fatty degeneration of the heart, and often is it seen in cases of general fatty infiltration, where the enormous deposit that frequently occurs keeps patulous the large intestine. Fæces will be in the colon, and for want of proper peristalsis remain to decompose; or again, the gases may accumulate there, for want of proper propulsive force to overcome and relax the sphincters of the outlet. Weak abdominal walls will then be the cause. In such cases a tonic stimulating purgative is required; a pill of assafœtida, aloes and rhubarb, with or without nux vomica, or daily enemata, containing ol. terebinth in large quantity of the vehicle. I have seen digitalis act well when weak heart is associated in such cases. Then, again, massage to the abdomen is a means of great value, and with it may be used a stimulating liniment. Small doses of strychnia, given in form of granules, is often indicated. Frequently you will find such cases among children, as the sequel of the many causes of summer catarrh. From continuous irritation the intestine has lost its tone, and children will often be brought to you after a severe summer with this complaint. In them I have used with success vin. pepsin with tinct. nucis vomicæ and port wine, given one-half hour before nursing. The difficulty of always being able to give enemata to children, among the poor, has caused me to adopt a simple means that bids fair to be successful. The ordinary gelatine capsule, minie-ball shaped, of a large size, is filled with castor oil and introduced into the bowels. Of course, any oil can be used, and substances that are required to be used by enema can be put in this vehicle.

Communications.

STRICTURE OF COLON, WITH COMPLETE OCCLUSION—TYPHO-MALARIAL FEVER. WITH POST-MORTEM.

BY G. C. SAVAGE, M.D.,
Of Jackson, Tenn.

Charlie C., aged twenty years, a student of law, came to me complaining of vertigo and some headache, many months preceding the attack of fever of which I shall soon give a history. Knowing that he was a very hard student I thought that perhaps his trouble was due to some congestion of the brain, and prescribed accordingly. After following my directions a short time he expressed himself somewhat relieved. Soon after this he went home, and having failed to take any of his medicine with him, was advised while there to take "Simmons' Liver Medicine" regularly, with the assurance that he would soon obtain entire relief from his vertigo. The liver medicine produced free evacuations from his bowels every day while taking it; and the vertigo, he said, was cured. On stopping this medicine his bowels became again constipated, and vertigo returned as before. He resumed his liver medicine, and continued to take it until prostrated by fever.

His breath for months was most foul, even when he kept his teeth clean. He was in the habit, before going into company, of chewing some aromatic substance.

For a long time he was constantly belching. From his frequent eructations one would have judged his stomach all the time distended with gas.

His skin was sallow for a long time previous to his confinement to bed; and his face, inclined to be bumpy, had here and there pigmentary spots.

His general health had not been good for months. I have sufficient evidence for believing that constipation had been growing on him a long while, though he had never complained to me of it. He said to a friend, some time before he was stricken down, "I have to take something all the time, to act on my bowels."

After being feverish, with bowels constipated, and suffering some from headache for a week or more, I was called to see him on the morning of August 4th. I found him with a temperature of 104°, pulse 100, full and round; no headache or pain in any part at this time; no nausea or vomiting; skin moist; urine free; tongue heavily coated, and no movement from bowels for thirty-six to forty-eight hours. I gave him calomel, grains ten, to be followed in six hours by a dose of castor oil; and at the same time prescribed tincture of gelsemium and quinine alternately, in large doses. In the evening his temperature was down to 101°; bowels had acted freely, causing four or five large, dark and offensive movements; and he was under the influence of quinia. The urine, highly colored at first, was sufficiently free, and remained so throughout.

He was under my observation and treatment eight days, and the following is a brief history after the first day: His morning temperature on

the second day was 101°, and after the third morning, when it was 102¾°, it did not go higher than 102° nor lower than 101°, reaching the latter only on the eighth day. On the second day his evening temperature was 103°, and on the third 101½°. On the fourth day, about noon, he had a chill, followed by high fever, his temperature rising to 104¾°, but on the evening of the same day it was down to 101¾°, and after this the evening temperature was not lower than 103° nor higher than 103¾°, while he remained under my care.

His pulse was not very frequent at any time during the eight days, the extremes being 78 and 102, and the average 84; and it was full, round and resisting.

His tongue was heavily coated throughout the eight days; but under treatment it was gradually cleaning off from the edges; and notwithstanding his foul breath, he complained of no bad taste.

He had no nausea or vomiting, except on one occasion, when it was due to medicine; no tenderness over the stomach; frequent eructations; no pain anywhere in the cavity of the abdomen; bowels constipated, but would act freely when taking medicine, the discharges being dark and offensive. He had eighteen movements from the bowels while under my care, all the result of medicine given at different times for that purpose; no noticeable tympany.

He complained of no headache or other nervous symptoms, only he was a little restless on one or two nights. His skin, moist throughout, was frequently bathed with perspiration having a very unpleasant odor.

Treatment.—I gave him a fever mixture and quinia throughout, changing the form of the fever mixture occasionally, to meet indications; gave him a gentle purgative four times; and had him sponged occasionally.

My diagnosis was typho-malarial fever, a disease common in this part of the country, usually continuing about three weeks, sometimes four.

On the 8th day of his sickness, after a consultation with Dr. Thompson, I consented to his being moved to his home in Henderson, 18 miles by rail south of this city, believing that the move would not injure him. He was gotten on the train without much fatigue and soon reached home, not feeling much worse for the move. He now passed into the hands of Drs. W. J. & J. A. Crook, my preceptors in medicine, who kindly furnished me reports of the case as the disease continued. These reports show that he continued for ten days about as he was when under my care, there being some improvement toward the latter part of the ten days. The plan of treatment they adopted did not differ materially from that I had pursued. His condition, to all appearances, was hopeful up to the morning of August 22d, the 18th day from the time he was first taken to his bed. Now he was seized with severe pain in the left iliac region; fever higher; pulse more rapid; bowels commenced disturbing; tenderness great; had two movements from the bowels soon after pain set in. Anodynes relieved pain somewhat and he rested comparatively well during the forenoon and a part of the afternoon; but toward evening the pain returned and was more severe; abdomen very much disturbed and tympanitic; great tenderness in left iliac region, extending over into supra-pubic region; temperature 106; pulse 120; no headache; no delirium; no movement from bowels since morning; occasional vomiting; great prostration. Turpentine stupes and hop poultices were applied, with relief; but on the following morning there were still pain, tenderness and tympany; temperature 99°, and pulse 100 and feeble; perspiration very free; no movement from bowels; tendency to great prostration. During the day the temperature went higher; the pulse became more frequent; and the vomiting and other symptoms continued. A blister was applied over lower part of abdomen, specially over left iliac region; an enema was given, which produced one very slight movement from bowels; other enemas were given, but came away without being stained; castor oil was given also. The stomach remained very irritable, the matter vomited being bilious. Stimulants and nourishment were given freely.

I was sent for on the evening of the 23d, he having been my patient at first, and arrived at 8.15 same evening. After a consultation with the Drs. Crook we decided that the chief indications were to keep up strength, to relieve tympany and to act on the bowels. To meet the first indication we gave quinia hypodermically, and stimulants and nourishment by mouth and rectum. For the relief of the tympany we gave turpentine by mouth, and turpentine and mixture of assafœtida by rectum, without being able to relieve. Oils, simple and concentrated, had no effect on bowels; irritating and distending enemas accomplished nothing. The pulse beat 160 times per minute, was feeble and soft, and when lying on right side would intermit one beat after eighth or ninth; respirations 40; mind clear, but some stupidity.

Having failed to give him any relief, we decided, at 2 A.M. on the 24th, that he was laboring under obstruction of the bowels, the first symp

toms of which had set in two days before. We announced the hopelessness of the case to the family, but continued to work, remaining with him all the time. Gave croton oil, gtt. ij., but did not repeat; also gave sulphate of magnesium, and frequent distending enemas, but all without effect. We continued nourishment and stimulants and repeated occasionally the hypodermic of quinia. The vomiting of bile continued, containing shreds of mucous membrane and a substance resembling fecal matter in a state of fine division.

On the evening of the 24th we told him he must die unless relieved by nature, for we had despaired of accomplishing anything by art. He received the announcement courageously, and when told that he was dying of some form of obstruction of the bowels, he requested that his body should be opened after death, saying "I may be able to do more good in my death than I could accomplish in a long lifetime," meaning that he wanted a report of his true condition given to the medical world.

His mind remained clear up to midnight of the 24th when he became a little delirious; the vomiting became more frequent, every few minutes; pulse remained at about 160; respirations 40 or more: very feeble, lying by preference on right side, sometimes on back. At 2 P.M. on the 25th he revived some, seeming better than he had been for hours; but soon he was pulseless and entirely delirious; his respirations grew less frequent and more labored: and after a few gasps he ceased to breathe at 4.15 P.M., August 25th, twenty-one days from the time he took to his bed, and three and a half days after first symptoms of obstruction of bowels set in.

Sectio Cadaveris.—In due time after his death, having obtained the consent of his parents, we commenced the autopsia cadaverica. By inspection of the surface of the abdomen we found three tumors, all in the umbilical region, two situated in the upper part of this region, one inch or more above the umbilicus, one on each side of the linea alba; the third situated to the right of the linea alba, one inch below the umbilicus. The abdomen was moderately distended and tympanitic, the greatest tympany being over the tumors.

By a crucial incision we opened the abdomen; found some serum and a little pus in the lower part of the cavity; the omentum above and behind the small bowel: the stomach normal in color and distended; the duodenum and jejunum healthy in appearance and distended; upper part of the ileum healthy, while two and a half or three feet of the lower part was in a state of mortification, the part most mortified lying in the left iliac region; did not open the ileum, but by passing it gently between thumb and finger could detect no enlargement of Peyer's patches or the solitary glands (the mortified bowel gave way under its own weight, about two feet from the ileo-cæcal valve); cæcum and lower part of the ascending colon healthy and much distended with gas. Next we came to a stricture of the colon, ten inches long, six inches of the stricture being in the upper part of the ascending colon, and four being in the beginning of the transverse colon; at the hepatic flexure was a mass of hardened fæces, weighing ninety grains, around which the gut was tightly contracted. The stricture had led to complete occlusion; following this stricture was a portion of healthy transverse colon, five or six inches long, and very much distended with gas (this part of the bowel made the two tumors in the upper part of the umbilical region); following this was a second stricture, eighteen inches long, with complete occlusion, eight inches occupying the last part of the transverse colon and ten inches the upper part of the descending colon: at the splenic flexure of the colon was a second mass of hardened fæces, weighing one hundred grains, and around this the bowel was closely contracted; each stricture was cord-like in appearance, and not larger than a man's little finger, except at the seat of hardened fecal masses: the strictures were laid open with scissors; the coats of this part of the bowel were found three or four times thicker than normal, and the width, when laid open and stretched, was not more than half an inch; the lower part of the descending colon, the sigmoid flexure and the rectum were in a normal condition; the liver and spleen were not enlarged.

Reflections.—I believe that the strictures of the colon in this case were not of recent date, but that they commenced forming months if not years ago; and I further believe that the exciting cause of these strictures was the two masses of hardened fæces; that these masses, perhaps at the same perhaps at different times, got into pouches of the colon, one in a pouch at the hepatic flexure and the other in a pouch at the splenic flexure of the colon, and remaining for a time set up some irritation, which caused nature to make an effort to rid herself of these irritants, the effort being a contraction of the coats of the colon, in this way trying to dislodge the masses, that they might be passed on and out; that the masses remaining, the contraction continued to go on, the contracted parts gradually

lengthening and the bowel growing less by degrees, until finally the strictures were of the length found and the occlusion complete. By reference to the report of the post-mortem it will be seen that a mass of hardened fæces was near the centre of each stricture.

His vertigo, eructations, foul breath, constipation, sallow complexion and spots on face, all now have a meaning to me they did not have before. I believe they all point to the strictures of the colon, the constipation being due to the narrowing of the bowel, the vertigo due to the constipation, the foul breath and eructations due to gas, generated in the bowel, finding its way up into the stomach, thence out by the mouth. I would say here that there was no sign of disease in the colon, save the contraction.

While I still believe that the fever, for the three weeks preceding his death, was typho-malarial, I now think the typhoid symptoms in his case were due to the saturation of his system with noxious material taken up by the absorbents from the bowel above the contracted parts; that this material, not being allowed to pass off by the bowels as readily as it should have done, was taken again into the system and an effort made to eliminate it in some other way; and that this poison acting with the poison of malaria produced the fever in question.

I believe this case to be the first of the kind ever reported in this country, and I invite comment, especially from medical authors.

STRANGULATED HERNIA RELIEVED BY TEARING OR STRETCHING THE ABDOMINAL RINGS.

BY J. W. YOUNG, M.D.,
Of Bloomfield, Iowa.

On the morning of September 10th, 1879, I was called ten miles in the country, in consultation with Dr. Edwards, to see Mr. J. M., aged 56, suffering with strangulated hernia, and requested to bring the necessary instruments to open the sac and return the contents. I arrived fifteen hours after strangulation, and found patient resting under a huge dose of morphia. Dr. Edwards stated that strangulation had occurred several times during the last 25 years, but that the patient and friends had succeeded in returning the hernia without surgical aid. Trial was made for two or three hours by the patient, without success, and Dr. Edwards was called. Patient was placed on an inclined plane and taxis tried at different times by the Doctor, for several hours, but finally the Doctor and friends became discouraged and a messenger was dispatched for me, and a large dose of morphia was given the patient, to relieve the horrible suffering till my arrival.

Upon examining the case I found a large inguinal tumor extending into the scrotum, tense and inelastic to the touch. I arranged the instruments on the table I should be likely to use in cutting the stricture, if I should be compelled to resort to this bloody treatment, but determined, if possible, to try in this case a theory I have of tearing the stricture instead of cutting. The patient was placed on a board about five feet long, with head supported by a pillow. Half the board was on the bed and the head end was supported by a chair. Complete anæsthesia was made by chloroform, and the chair taken from under the head end of the board and the head lowered to the floor while an assistant stood on the bed and held the legs over the end of the board. I dragged the abdominal viscera as near the diaphragm as possible, and tried to reduce by taxis for some time, but the tumor seemed immovable. I then invaginated my index finger in the scrotum, gradually forcing it along the tumor till I could feel the stricture. Dr. Edwards kept up complete anæsthesia of the patient. Everything was relaxed as much as could be, and my patient completely insensible. I forced my index finger under the structures surrounding the neck of the tumor, little by little, till the first point rested under the perplexing bands. I now, by sheer force, pulled upward and inward till I felt the tissue tear over my finger. I dilated the ring in this manner as much as I thought proper, and then without trouble or delay returned into the abdominal cavity the relaxing tumor.

A bandage and pad was applied over the abdominal rings, to prevent a protrusion from coughing, sneezing, etc., and patient placed comfortably in bed, by which time he had partially recovered from the effects of the chloroform.

I left the case in the hands of Dr. Edwards, directing him to keep the patient quiet, apply turpentine over the bowels, and combat inflammatory symptoms as they should come up. The patient was kept in bed four days, with but little nourishment, and somewhat under the influence of opium, and was allowed after this to get up and walk about a little. Complained of great soreness over the inguinal region, but no great constitutional symptoms followed, and was able in about ten days to go about the farm.

I do not claim this treatment is applicable to

all cases of strangulated hernia. It could not be employed in femoral hernia, and if gangrene had taken place it would be bad practice to return a gangrenous gut into the abdominal cavity; yet I claim in the above case it was the best possible treatment. There was no danger of wounding the epigastric artery; the peritoneum was not exposed; the dangers of inflammation greatly reduced; and the chances are favorable to a speedy radical cure of the hernia by adhesive inflammation.

I do not remember having seen or heard this tearing method recommended, and I report this case and its treatment for the purpose of eliciting criticism from the profession, in the Reportea.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF DR. R. J. LEVIS.

REPORTED BY J. F. SOUWERS, M.D.

The Treatment of Fracture of the Femur.

I propose this morning to offer some remarks in regard to fractures and fracture dressings of the thigh, and in illustration to present to you the case now in the arena. This man has just been brought into the house, and is a typical case. His history is as follows:—

While driving, the bit in the horse's mouth broke, and to prevent a run-away the man jumped from the cart, seized the horse by the nose, and thus, probably, startled the animal; the horse started on a run, the wheel passed over the man's foot, which is almost uninjured, but the hub struck him on the thigh, which now presents a swollen, ecchymosed appearance. In making an examination in such cases an anæsthetic should always be given, as you thus relieve pain, cause relaxation of the muscles, and are enabled to make the examination without any opposition from the patient. Upon visual examination I find the limb to be exceedingly muscular; on manual exploration I find the parts soft, rather tumid, and a sensation as if the integument was strongly forced up; the tumidity might be due to rupture of the femoral artery, from the ends of the fragments having torn the vessel. To discover whether this complication has taken place I feel for the posterior tibial artery, just where it winds behind the internal malleolus. In this case the femoral may be somewhat bruised, yet the pulsation in the tibial is good, consequently we conclude that the artery above is not ruptured. I now have a little extension made while I seize the two ends of the fragments; on examining I find marked crepitus and unnatural mobility. On measuring the limb I find more or less shortening, thus giving the typical symptoms of fracture. It is a case of ordinary oblique fracture of the femur in the middle third.

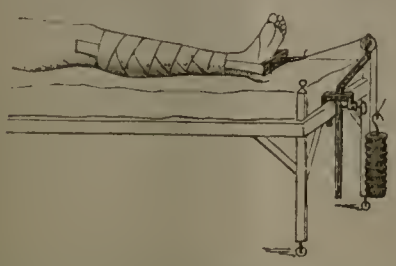
Let us now examine as to the shortening which has taken place. As ordinarily measured a line is run from the ant. sup. spinous process of the ilium to the centre of the inner malleolus; but these points are too inexact to be relied upon. The irregular manner in which the patient lies, and the obliquity of the pelvis, act as sources of fallacy. The limbs in the large majority of people are not symmetrical in their normal state; an exhaustive series of experiments has been performed by Drs. W. C. Cox and J. B. Roberts, formerly residents in this hospital, bearing on this point. In the skeleton the greatest difference often exists; indeed, one leg may be ⅝ to ¾ of an inch longer than the other. In making these differential measurements in my own practice I pursue the following plan: just below the ant. sup. spinous process you will find a notch; in this I catch my finger nail, and thus mark the skin; this is done on both sides, the patient having been first placed on a hard, flat surface, the body in a straight line, and the heels together. From the mark above mentioned to the lower border of the inner malleolus I then run my line; on applying this rule to the case before me I find about one inch of shortening, this being about the average in these fractures of the thigh, though it may amount to two inches; if a man fall from a great height the impact of the blow will cause more shortening.

We now come to the question of treatment; and first, as to the bed, which should be so adapted that the patient shall not be compelled to move for any purpose, as it is absolutely essential that he shall retain one position during treatment. An ordinary flat mattress will do, though such a one as I show you here is preferable. The mattress may be made of corn husk or curled hair; the latter is, however, far preferable, as the hair does not pack under the patient in ridges, as the husk does: further, if the hair absorb pus or other discharges, it can readily be washed and again used; further, it makes a more solid and level support for the injured limb. From the mattress a **U**-shaped piece should be cut, so that you can remove and replace it at pleasure, and in its place may be introduced a bed pan. The patient can thus relieve himself without disturbance. It is important that you treat fracture of the femur in the straight position, using sand bags for the lateral support of the bone, and making extension and counter extension. If the fracture is high up the psoas and iliacus muscles tend to draw the upper fragment upward and outward; in consideration of this some treat the thigh in the flexed position, believing that they thus bring the parts into better apposition; but I think that this is a disadvantage, as those muscles which come from the pelvis are inserted into the thigh bone at a mechanical disadvantage when the limb is straight, but if you flex the femur they work to better advantage, and the change of position may do more harm than good.

We now proceed to dress the fracture, first having brought the ends into apposition. Taking two strips of adhesive plaster, 2½ to 3 inches in width, I place them on either side of the limb, taking care to carry them up about two inches above the seat of fracture. I do not make extension from the leg alone, for the reason that constant traction on the knee joint would tend

to weaken its ligaments; the distal ends of these strips cross on a foot-board, which should be longer than the width of the foot, say from 3 to 4 inches. The strips are now notched so as to snugly fit the limb, a bandage applied so as to support the adhesive strips, the sand bags tucked into the hollows of the limb, the extension cord attached to the foot-board, and we are ready for the extension apparatus, which should be convenient in form and inexpensive, portable, and readily and conveniently adjustable to various forms of bedsteads. It is also important that the amount of tension by weight can be estimated and varied according to the progress of the case.

I here show you an apparatus which answers all these requirements; the upright rod supports a pulley, over which plays the extension cord; this rod is held in position by an adjustable clamp. The rod and pulley can be adjusted by this clamp to any required height, while at the same time, the clamp will grasp a bar of any width at the foot of the bedstead, or it may be attached to any body that will afford sufficient security and steadiness. The amount of weight extension is effected by a series of one pound weights, through the centre of each of which is drilled a hole; these may slide on a rod bent into the form of a hook at the top, for catching in a loop in the extending cord, or they may rest in a cage, from which they can be removed at pleasure, without in any way interfering with the rest of the dressing. The



clamp on this apparatus may be reversed so as to grasp an under edge, when such a hold is more convenient. I devised this apparatus some years ago, for use in this hospital; it is also much used elsewhere. The foot of the bed being elevated, the patient's body acts as the counter extending force; or if more power is needed with restless patients, a perineal band is employed. Strong traction being made, the weights are attached to the extension cord; during the first few days I employ, in cases of muscular adults, about twenty pounds weight, in order to overcome the muscular tonicity; this is gradually reduced to twelve pounds or less during the course of treatment.

Medical Societies.

MEETING OF THE RHODE ISLAND MEDICAL SOCIETY.

A quarterly meeting of the Rhode Island Medical Society was held in Lyceum Hall, Providence, on Wednesday, September 17th, 1879.

The meeting was called to order at 10.20 A.M., the President, Dr. E. T. Caswell, in the chair. The records of the last meeting were read and approved.

Dr. S. R. Bronson, of Attleboro, a member of the Massachusetts Medical Society, being present, was introduced by the President. He gave some reminiscenses of his early connection with this society, of which he was formerly a member.

Dr. T. Newell, chairman of the library committee, gave an account of the Boston Medical Library Association, with a sketch of its foundation and history.

Dr. E. T. Caswell presented a specimen of calculus, weighing 126 grains, removed from a boy nine years old, by the ordinary lateral operation. In two weeks time the wound had entirely healed, and there had been no further trouble. The stone was 1¼ inches by ¾, and was undoubtedly of phosphatic character, with possibly a nucleus of uric acid. He also showed a specimen of 90 grains of phosphatic debris removed by the old operation of lithotrity, from a man over thirty, in two sittings. The patient had made an excellent recovery, and showed no further symptoms of stone. He said he had brought up this case for the purpose of showing the Society the instruments devised by Dr. Bigelow for rapid lithotrity and evacuation. This procedure, which had been instituted by Dr. Bigelow, had placed the whole matter of the treatment of calculus in an entirely new aspect, and was a grand contribution to the progress of surgical science. Dr. Bigelow had demonstrated the fact that the bladder could tolerate instrumental interference under ether for a much longer time than had been previously supposed. The speaker then showed Dr. Bigelow's lithotrite and evacuating tubes and bulb, and explained the operation. He also showed the lithotrite devised by Dr. Keyes, of New York. He then proceeded to give a summary of all the cases he had been able to collect in which the new operation had been performed. Nine were reported by Dr. Bigelow, thirteen by Drs. Van Buren and Keys, one each by Drs. Sands, Weis, J. C. Warren, Curtis, Parker and Morton. There were 28 cases reported and two deaths, but in one of these (Dr. Weis) the patient had lived thirty days and then died of surgical kidney.

The ages of the patients varied from 8 years (Dr. Bigelow's case) to 73. The time occupied in the operation, from 25 minutes to 3¾ hours (Dr. Parker's case). The amount evacuated at one sitting, from 60 grains to 744 grains. In the case reported by Dr. Parker there were three sittings at intervals of four or five days. The first lasted 1½ hours, and 228 grains were removed; the second 3 hours with the removal of 744 grains; the third, 3¾ hours with the removal of 706 grains. In all, with what the patient passed, the amount of the calculus was 1802 grains. The patient was entirely well in two weeks from the time of the first sitting. In conclusion, Dr. Caswell said that hereafter, doubtless, rapid lithotrity would be the operation in adults, in all cases except those of extraordinarily large stones, and the lateral operation would be the one to be employed in children.

Dr. George D. Hersey read a paper on "The Revision of the Pharmacopœia in 1880." The project for forming a Pharmacopœia of the United States originated in the New York County Medical Society, in 1817. The plan proposed, as stated in the "Historical Introduction" to the edition of 1820, was briefly as follows:—

That the United States and territories be divided into four districts. That a convention be called in each of these districts. That each medical society and medical school be invited to send one or more delegates to meet in a district convention, and form a pharmacopœia, adapted to the existing state of medical science. That each district convention appoint one or more delegates to meet in a general convention and submit to the same their pharmacopœia. That the general convention meet in Washington, for the purpose of compiling a National Pharmacopœia from the material presented by the district conventions.

A committee was appointed to correspond with the incorporated medical societies and influential medical men in the United States, and a circular letter was accordingly sent out the next year, 1818.

The design was popular, and delegates to district conventions were generally appointed. The district convention of the Eastern district met in Boston, June 1st, 1819, adopted a pharmacopœia and appointed delegates to the general convention in Washington. The other district conventions assembled and appointed delegates to the general convention, and the middle district also submitted the outlines of a pharmacopœia.

The general convention met in Washington, January 1st, 1820. The two pharmacopœias presented by the middle and eastern districts were duly examined and compared in detail, and their contents, with such additions as seemed desirable, were consolidated in one work, which was adopted by the convention as the American Pharmacopœia and ordered to be published. The pharmacopœia thus formed was designed to give uniformity to therapeutic nomenclature and secure medicines of a standard purity and strength.

The continual discovery of new remedies and new pharmaceutic processes rendered necessary decennial revisions, and conventions for this purpose.

The next convention assembles in Washington in 1880, and the question arises in this connection, What changes must now be made to bring the Pharmacopœia to the present state of medical practice?

To determine how far the last edition of the Pharmacopœia answers the requirements of the medical profession in Providence, I visited four of the principal apothecaries and examined the prescriptions they had dispensed during the months of July and August. The prescriptions I divided into five classes, after the plan suggested by Dr. Robert Amory, of Boston.

(1.) Those which contained unofficinal preparations, *i.e.*, those whose formulæ are known, but which are not recognized by the U. S. Pharmacopœia, as pepsin, salicylic acid, guarana, etc.

(2.) Those which contained certain proprietary medicines, or in other words, trademark preparations, such as lactopeptine, Horsford's acid phosphate, etc.

(3.) Those which called for proprietary medicines only.

(4.) Those composed of private prescriptions, known, for instance, only to the prescriber and the dispensing pharmacist, but not published.

(5.) Those containing only U. S. Pharmacopœia preparations.

The following table shows the result of this analysis:—

Class I (unofficinal).....	483	16 per cent.
Class II (proprietary mixed)..	136	5
Class III (proprietary only)...	307	10
Class IV (private).....	15	1—
Class V (officinal).....	2099	68+
Total.....	3040	

An examination of this table shows that less than three-fourths of the prescriptions are officinal, and that more than one-tenth are proprietary preparations. So large a use of proprietary medicines is a matter of regret. It is unfortunate that their manufacture and sale should be encouraged by our profession. Who knows, for instance, when he writes for iodine? In a recent advertisement of somebody's "Iodo-ferro-phosphated elixir," I read that this elixir contains iodine, pyrophosphate of iron and the active principles of certain antiscorbutic and aromatic plants," which, by the way, are not named. The gentleman who prescribes such an indefinite compound ought not to criticise the people who have faith in blue glass and liver pads. The Pharmacopœia is, of course, closed against the flood of elixirs and ready-made medicines let loose by energetic chemists, but it must recognize every positive improvement, and admit the new remedies that prove to be worthy additions to our therapeutic resources. An examination of recently issued books on treatment and materia medica, especially such compilations as the National Dispensatory and Napheys' companion volumes on *Medical and Surgical Therapeutics*, shows a long list of officinal remedies which may be called the candidates for next year's honors. I will mention a few of the more important popular remedies not yet officinal. These are—

Aloin.
Ammonium Carbazotate
Amyl Nitrite.
Apiol.
Apomorphia.
Beberia Sulphate.
Boracic Acid.
Caffein.
Camphor Monobromide
Carbon Bisulphide.
The Cheap Cinchona Alkaloids.
Cicuta.
Codeia.
Coto Bark and Cotoin.
Datura Tatula.
Dialysed Iron.
Guarana.
Hydrobromic Acid.
Jaborandi and Pilocarpin.
Pepsin.
Picric Acid.
Pinus Canadensis.
Pulsatilla.
Propylamin.
Quinia and Morphia Bromide.
Salicin.
Salicylic Acid.
Sodium Silicatum.
Sodium Sulpho-carbolate.
Strychnia Acetate.
Sumbul.
Tonka Bean.
Viburnum.

Besides admitting to the officinal lists a judicious selection from such familiar remedies, the next edition of the Pharmacopœia should give the formulæ according to the metrical system of weights, instead of the Troy weights now recognized.

As the first edition of the Pharmacopœia sprang from the wants of medical men in various sections of our country, so now the revision is made in accordance with the suggested needs of the various medical and pharmaceutical societies and colleges.

Dr. T. Newell thought that many of the medicines which are so extensively advertised to physicians by means of samples are gotten up merely to make money.

Dr. J. W. Mitchell requested that members should report to the committee any alterations or amendments which they might think advisable in the Pharmacopœia.

Dr. Forsyth briefly reported a case of œdema of the glottis in which he had used hypodermic injections of ½ grain each of pilocarpine.

Dr. A. G. Browning read a paper on Faradization, as applied to muscular and cellular structures.

Dr. O'Leary said that this paper suggested a treatment of a class of cases that were generally discouraging and annoying. He had no experience in the use of electricity in such cases, but was glad to know that it was of benefit. In cases of injury to the joints, where there is a poor circulation, he supposed that Faradism would stimulate them. He had used the actual cautery often in that class of cases, and the hot and cold douche. He cited two cases of injury to the foot where he had used the actual cautery with good results. He said this was the treatment recommended by Dr. A. C. Post in this class of cases.

As a general thing patients to whom this kind of injuries happen are not in circumstances to admit their treatment by the specialist. Cases have been reported where cures had been made by the use of Faradism where the actual cautery had been used without effect.

Dr. L. F. C. Garvin said that in lumbago the use of liniments are often of no avail. During the month of August he had three cases. In the first case the man had been in bed two weeks. The pain was bilateral. He used acupuncture and gave immediate relief.

The second case was an acute attack, and was confined to the left side. Puncture brought on a spasm. Applied Faradism with immediate and great benefit.

The third case had been sick a week. After two applications of Faradism, was well. He gave turpentine in 20 drop doses three times a day for a number of days.

Dr. J. W. Mitchell said he had not used Faradism. In cases of lumbago he had depended upon the use of chloroform applications, externally, the application of warmth and the internal use of alkalies.

The President announced that the following named gentlemen would read papers at the next meeting of the society: Drs. S. S. Keene, Geo. W. Stanley, W. E. Anthony, R. U. Noyes and J. E. Tobey.

Dr. Lloyd Morton said that he thought there ought to be a change in the time of meeting of the Board of Censors. Physicians of the board in active practice find it difficult, if not impossible, to get here at half-past nine. He favored having the board meet on the day previous to the meeting of the Society, and making the secretary of the Society secretary of the Board of Censors. The subject was referred, for consideration, to the committee who were appointed to consider the changes advocated in the President's address.

No further business presenting the Society adjourned until the third Wednesday in December.

W. E. Anthony, *Secretary.*

Editorial Department.

Periscope.

Symptoms and Diagnosis of General Paralysis.

Dr. E. C. Mann says, in the Boston *Medical and Surgical Journal*—

In general paralysis, the ideal self runs riot—the man, not as he is, but as he has pictured himself, and as he would have himself be. In the inception of his disease the patient feels himself "bang up" and "perfect;" everything is "elegant" and rose-colored. His wealth is unbounded, and he orders "a million" cigars, and palaces built of gold and diamonds, with the utmost indifference and nonchalance, thoroughly believing in his capacity to do all these things. The patient's delusions are markedly progressive in number, absurdity, and exaggeration. Being rather feeble, he imagines himself capable of immense sustained exertions. In general paralysis, the mental processes which are the most automatic are the last to be affected; the patient

entertains perfectly reasonable ideas about his actual self, and although possessing thousands of ideal dollars and estates, will tell you correctly that he earns but ten dollars per week, as this idea has, from frequent and constant repetition, become automatic. In the same manner, a patient under my care tells me correctly that his suit of clothes cost fifteen dollars in London, and in the same breath says that he has ordered a silk velvet suit with diamond buttons. At the present moment he considers his health perfect, but acknowledges that in the past he has had many sicknesses and infirmities. Matters of recent occurrence which have not had opportunities for repetition, and so have not become organically registered and automatic, and which therefore involve consciousness, are far more dependent upon mind than matters of earlier date which have been so frequently repeated as to acquire automaticity. For this reason, patients suffering from general paralysis, while stating with accuracy events and detailed accounts of the past, can give but a very vague and confused history of the events of the past few days or weeks. This defect in memory is consequently one of the most noticeable symptoms in the early stage of the disease, and we notice it particularly in persons of methodical habits.

The diagnostic symptoms of general paralysis, aside from the exalted notions, are difficulty in articulation, with a trembling of the tongue when it is protruded beyond the teeth, often a turning of it to one side, and a general inability to use it freely, as if it were too large for the mouth, or too heavy for use, very flabby, and easily indented by the teeth; a peculiar dragging of one of the feet or legs; added to these symptoms will be found a heavy, dull expression of countenance, an unusual appearance of the eyes, and almost invariably an unequal contraction of the pupils. It requires close observation to detect these symptoms in the early stages, and careful treatment may relieve them temporarily; but although we may retard the issue of the disease by watchful care and skillful treatment, it inevitably advances insidiously to paralysis of the tongue and limbs, and enfeeblement of the mind.

The Treatment of Cough.

Dr. A. W. Perry says, on this subject, in the *Western Lancet*—

Opium preparations are the surest, but they frequently disturb the stomach and bowels, and produce other undesirable effects. I prefer cannabis indica alone, and opium and belladonna combined. In all cases of ordinary bronchitis of moderate intensity the disease tends to subside rapidly without medicine. Squills, ipecac., antimony usually always disturb the stomach, producing distaste for food, nausea or vomiting, with no good effect that I ever saw.

In the early cough of phthisis it is exceeding important to give nothing which will interfere with the digestive functions. On the contrary, every means should be used to preserve and increase the digestive power, and these two indications I have found best fulfilled by the use of cannabis indica in doses of one-fourth to one-third grain, as often as required, or by inhaling the warm vapor of a mixture of ext. of conium, ten grains to one ounce of water, several times daily, through a small inhaler.

In the compounding of cough medicines the form of administration is not indifferent. In most cases of cough the whole larynx is in a state of irritation and congestion, extending to the top surface of the epiglottis. Any cough medicine which is at all irritating provokes cough in simply passing over the epiglottis to the stomach. In using cannabis indica or larch resin, or other resins, in cough, the only liquid preparation is the tincture made with strong alcohol. I have found by experience that a syrup containing one-sixth or one-fourth of these tinctures would immediately cause a paroxysm of cough. By causing the resins cannabis indica or larch to be rubbed up with syrup and mucilage, the patient could take them without producing immediate cough. The immediate cough is due, therefore, solely to the irritating effect of the alcohol in the tinctures on the epiglottis. I often have patients tell me that taking whisky or brandy not much diluted makes them cough immediately; but when they dilute it a great deal and put in much sugar, it has no such immediate effect. This, then, teaches us that the menstruum in cough mixtures should be bland and soothing, and that we should not use tinctures. When syrups are disagreeable to the patient mucilage should be used as the vehicle.

We also see the explanation of the undoubted benefit of the homly tisanes of flaxseed, Iceland moss, etc.

The warmth of the liquid swallowed has also a very soothing effect on the upper part of the larynx. In regard to this point, a patient of mine lately told me that a very annoying spasmodic cough (due to commencing tuberculosis) had been more relieved by drinking hot water frequently than by anything he had used.

A single small pellet of tough mucus in the trachea or larger bronchi will often provoke a cough paroxysm of several minutes' duration, and when expelled the violent stretching and shaking of the bronchial tubes and air cells have left a congestion behind which tends to perpetuate the cough. It is in cases like these that narcotics act brilliantly. Where morphia is well borne, and not much contra-indicated, I get excellent results from the use of one-twelfth as much atropia as morphia in the mixture. The atropia diminishes the tendency of the morphia to constipate and make drowsy, and in phthisical cases it stops the night sweats frequently. In children under two years old the narcotics are frequently very dangerous, and when used should be given with great care and under frequent supervision by the physician. In young children who do not know how to cough well, a slight bronchitis may result fatally, from inability to get rid of the bronchial secretion. If ipecac., antimony, lobelia, squills, have any power to increase bronchial secretion, they increase this danger in young children. In young children, cough, unless very harrassing, should not be repressed by narcotics. Excessive and disproportionate cough often produces emphysema, and permanently damages the state of the lungs, leading

remotely to the worst consequences—vomiting of food, and thence failure in nutrition; loss of rest; hernia; great soreness of the muscles of the chest; and in old persons, with degenerated blood vessels, a rupture is frequently produced. If cough and expectoration both are great, but in proportion, diminish the expectoration by the administration of the oil of turpentine, copaiba, quinine, sulphate of zinc, larch resin; and then use narcotics if too frequent cough persists. Where the mucus is both abundant and tenacious, the use of chlorate of potass., in 5–10 grain doses, will liquify the expectoration, and thereby relieve a portion of the cough.

A New Method of Operating for Varicocele.

Isaiah H. White, M.D., of Richmond, Va., writes to the *Southern Clinic*—

H. W., of the United States Navy, sought relief because of pain along the spermatic cord, and softening and atrophy of the testicle, due to varicocele. The operation was as follows:—

The vas-deferens and spermatic artery being held aside, the scrotum is transfixed by a needle armed with a silk ligature, as in Ricord's operation, the one used in this case being a sewing-machine needle, which has the eye near the point. As the eye of the needle emerges through the counter-puncture in the scrotum, the loop of silk is caught, and through it passed a loop of catgut, which follows the needle during its withdrawal. One end of the gut is then drawn through and liberated from the loop of silk, leaving the catgut thus transfixing the scrotum behind the veins. The needle is again passed through the same puncture and counter-puncture in front of the veins, one end of the catgut caught in the loop of silk and drawn through as before. The veins are thus surrounded subcutaneously by a loop of the ligature, the free ends of which are left hanging out through the first puncture in the scrotum. The ligature is now tied, the ends cut short, and returned into the scrotum, and left to be absorbed. A similar ligature is then passed about an inch from the first.

At the end of three days the patient was walking about his room, the testicles being supported by a suspensory bandage. On the seventh day he returned to his ship, at which time everything seemed to be progressing favorably. If further experience should demonstrate the success of this method, much will be gained in the time spent in waiting for the detachment of ligatures in the other methods now in vogue, which not infrequently amounted to several weeks.

Absorption of Dialysed Iron.

The Boston *Medical and Surgical Journal* notes that M. A. Luton, of Paris, states that he has successfully introduced subcutaneously from five to twenty drops of solution of dialysed iron without causing the slightest local disturbance. The immediate effects of this appear to be a sensation of warmth, as often agreeable as otherwise, spreading over the whole person, a determination of blood to the countenance, an increased mental activity, etc. He calls this condition a sort of ferruginous intoxication (*ivresse ferrique*), of which the persistence is somewhat dependent upon the size of the dose injected. The appetite in these cases is diminished rather than improved, but instead of the constipation which usually follows the administration of iron by the mouth the bowels are pleasantly relaxed; also, the urine is deeper in color than that normally excreted, and yet its amount is not materially larger. He compares the effects of the hypodermic use of iron with that which follows the transfusion of blood, and states that they are similar. Finally, he says that any good pharmacist can prepare dialysed iron, and he is not interested in paying tribute to any special manufacturer.

Defects of Vision Produced by School Life.

The eminent oculist, Dr. R. Liebreich, has delivered recently two lectures on this subject.

School life is shown by him to produce the three following defects of vision:—

1. Decrease of range.
2. Decrease of acuteness.
3. Decrease of endurance.

In regard to the first of these, *myopia*, the author states that statistical inquiries prove that school life is (*par excellence*) the cause of short-sightedness, which is developed almost exclusively at this period.

Another important consideration is then brought forward, namely, that shortsightedness "has an injurious effect on the general health, by inducing a habit of stooping."

In regard to the second defect, decrease of acuteness, or *amblyopia*, it is pointed out that it is often produced at school "by unsuitable arrangements for work, which disturb the common action of the two eyes and weaken that eye which is excluded from use."

The third defect, *asthenopia*, decrease of endurance of vision, is stated to have two causes; one a congenital condition, *hypermetropia;* the second, a disturbance of the harmonious action of the muscles of the eye, generally produced by unsuitable arrangements for work.

Treatment of Diphtheria.

Dr. S. Oliver writes to the Edinburgh *Medical Journal*—

The following method of treating diphtheria I have, for a number of years, found to be so uniformly successful, in all cases in which I saw the patients before the disease had extended beyond the tonsils (or such parts as could be readily reached), that I do not hesitate to make it public through the medium of the Edinburgh *Medical Journal.*

The treatment consists in the free application to the patches of exudation, every three or four hours, of a mixture of one part of liquor sodæ chloratæ and three to six parts of water. When the proportion of the solution of chlorinated soda is too great, a suffocating feeling is produced, caused, I suppose, by spasm of the glottis. I give, internally, one grain of quinine and five grains of chlorate of potass. every four hours.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A small volume on the Surgery of Pericardial Effusion, by Dr. John B. Roberts, of the Philadelphia School of Anatomy, is soon to appear, from the publishing house of J. B. Lippincott & Co.

——Those interested in the advance of medical education will be gratified to read the report of the special committee on this subject, made to the Illinois State Medical Society, by the chair, Dr. E. Ingalls, of Chicago. It may be obtained from the author.

——The papers read at the "memorial hour," commemorative of the late Prof. Emeline H. Cleveland, M.D., of the Woman's Medical College of Pennsylvania, form a neat pamphlet of thirty-five pages, and are fitting tributes to this most estimable lady.

——Part VII of the "Atlas of Histology," by Dr. E. Klein and E. Noble Smith, F.R.C.S., continues the discussion of the minute anatomy of the nervous system, including the sympathetic ganglia, cerebro-spinal ganglion cells, and the peripheral distribution of nerves. Philadelphia, J. B. Lippincott & Co.

——Dr. Isaac Ott, well known for his careful physiological researches, gives, in a recent reprint, some new observations on the physiology of the spinal cord. His studies embrace the physiology of the secretory functions, the vaso-dilator centres, genito-urinary and rhythmical functions. From the *Journal of Physiology*.

——In a reprint by Dr. Walter Channing, of Boston, the writer expresses his opinion that insane criminals should be provided for in buildings erected exclusively for them, as soon as possible; and it is the object in his paper to show, first, why such separation is necessary, and second, how it may best be carried out.

——In a reprint from the St. Louis *Clinical Record*, Dr. W. A. Byrd, of Quincy, Ill., gives his experience in tracheotomy with the galvano-cautery. He states in its favor that it is, when properly performed, undoubtedly almost bloodless, as those who introduced it claim for it. It also leaves a gaping wound easy to introduce the tube through, and the divided surfaces present an eschar as a barrier to the absorption of septic matter, and as a preventive of the formation of membrane upon the wounded surface, in which it is superior to any other operation.

——Dr. David Cerna has made a series of observations on the toxical properties of phenol, or carbolic acid. His conclusions, and the experiments upon which they are based, are given in a reprint from the *Medical Times*. These conclusions briefly are—

I. The minimum fatal dose in the rabbit is fourteen and one-eighth minims of phenol per pound of the animal.

II. In the dog the minimum fatal dose is eight and four-sevenths minims of the poison per pound.

III. The soluble sulphates, acting in some manner as yet undetermined, form the most valuable antidotes to phenol thus far ascertained.

BOOK NOTICES.

Proceedings of the Oregon State Medical Society. 1879. pp. 91.

Transactions of the Medical Society of the State of North Carolina. 1879. pp. 120.

Transactions of the State Medical Society of Kansas. 1879. pp. 117.

The President of the Oregon Society, Dr. H. Carpenter, took the Society itself for his theme, and discussed its history and objects. Several analyses of local mineral waters are given by Dr. R. G. Rex. Some interesting suggestions on "psycho-therapeutics," or the mental cure of diseases, are made by Dr. E. P. Fraser, and on medical education, by Dr. C. H. Merrick. Cases of interest are reported by Drs. W. H. Saylor, J. R. Jessup, F. B. Eaton, and others.

"The conditions essential to the propagation and spread of infectious disease" is the subject of the address by Dr. Charles Duffy, President of the North Carolina Society. He includes these conditions under the four heads: 1st. Living germs; 2d. Susceptibility; 3d. Media of communication; and 4th. Outside or extraneous conditions. Eclampsia is the subject of papers by Drs. R. F. Lewis and W. C. McDuffie. Dr. W. W. Lane gives various instances of the relation between therapeutics and physiology. Dr. J. F. Long warns against the abuse of alcoholic medication. Sulphur in diphtheria is extolled by Dr. W. R. Wood, and various cases are reported by Drs. J. W. Faison, R. H. Lewis, T. D. Haigh, and others.

Dr. Furly, President of the Kansas Society, gave a historical address. Other papers in this volume are on treatment of fractures, by Dr. J. M. Carpenter; atelectasis, by Dr. C. P. Lee; puerperal convulsions, by Dr. G. W. Haldeman; chronic dislocation of the hip joint, by Dr. C. V. Mottram, and a number of reports of progress.

THE

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THE VARIETIES OF QUACK MEDICINES.

The advertising of secret nostrums is a constant source of complaint by the regular medical profession against the secular and religious press of this age. Our representations have indeed effected little or no good as yet, but for that very reason we should persist in them all the more.

We have a right to look more especially to the religious press of the country to set a proper example in this direction, but there we fail in nearly every instance. Very few indeed of the ordinary papers which take advertisements at all refuse those of vendors of quack medicines. Without directly challenging the sincerity of the editors and proprietors of these papers, we may charitably attribute their persistence in this course, which is so injurious to the public, to ignorance. They probably have not the thorough appreciation of the worthlessness of these articles and the unscrupulous character of these vendors which the intelligent physician soon acquires. It is well, therefore, to enlighten them whenever opportunity offers. A physician who sees in a respectably conducted paper such an advertisement should take note of the article and bring to the editor's notice any evidence as to its inertness, spuriousness, or dangerous character, which may come to his knowledge. If the editor is an honest man, of self-respect, he can hardly disregard a few such pieces of information.

The gross frauds constantly perpetrated on the public are well exemplified by a series of analyses revealing the formulæ of secret medicines, which have appeared in the *Chemist and Druggist* from time to time during the past year. Some of them are so bold as to be amusing, in their illustration of human credulity. One is a remedy for "lung disease," discovered by the wife of a clergyman. It was sold at a dollar a bottle; on examination it proved to be a clear, colorless, tasteless fluid; nothing else, in fact, than pure spring water!! Evidently the virtuous lady was a believer in the good old prescription: "spare diet and cool water clear." Another preparation, heralded as a certain relief in lung diseases, "when physicians are in vain," and sold at a dollar and a half a bottle, proves to be a coarse infusion of rhubarb and gentian in common cider. A powder for dyspepsia, sour stomach, etc., advertised among some herbal remedies as a strictly vegetable preparation, turns out to be simply ordinary bicarbonate of soda tinted with fuchsin. A cure-all, advertised as a "means of lengthening human life, and freeing and guarding it from diseases," sold at 75 cents a six-ounce bottle, was found to be sour, artificial cider, mixed with spirit, sugar, syrup of almonds and cherry juice. An infallible remedy in scrofula was a very weak solution of iodide of potash, colored and flavored.

But many of the nostrum makers are too smart to confine themselves to such simple preparations, which readily yield their ingredients to analysis, and prefer to mix up a variety of crude drugs, that will almost or quite defy the investigation of an expert. Thus a "balsam of life," proclaimed to be an infallible cure for almost all diseases, consists, approximately, of aloes, 10 parts; myrrh, 4; rhubarb, 2; gentian, 2; zedoary, 2; galangal, 2; larch agaric, 2;

saffron, 2; anise, 1; juniper berries, 1; theriaca, 5; sugar, 3. Made into a tincture with spirit 200 parts, and water, 100 parts. An "essence of life" includes rhubarb, gentian, and saffron, of each, 6; zedoary, agaric, myrrh, and theriaca, of each, 8; aloes, 32; French brandy, 860 parts. 50 grams, 1*s.* 3*d.* As theriaca alone has some sixty ingredients, the complexity of these mixtures is at once enough to condemn them.

Some of these advertisers succeed in another plan to deceive the simple, although the "game" is a very transparent one. They announce that they do not sell medicines, but will, on application, forward, for a small fee, or even gratis, a valuable recipe for some disease or other. The sufferer writes, and sure enough, receives by return mail a prescription, just like those his doctor is wont to scribble off. But when he takes it to his druggist an unexpected difficulty arises. Two or three of the ingredients are familiar enough, but one of them the druggist does not know, and after duly and vainly consulting the indispensable *Dispensatory*, has to confess his ignorance. The patient goes home and writes to the quack. The latter promptly answers, bewailing the ignorance of the local druggist, and offering to buy and send the missing ingredient on the receipt of a pretty round sum. He explains that it is dear and rare, but alas! is the very life and soul of the medicine. The dupe generally falls into the trap, and gets for a large price some worthless or common stuff. This is one of several ways of playing this game, but all are alike in results.

A step further in the direction of honesty is the compounder who obtains a prescription really serviceable in many cases, and boldly pushes it on the market by exaggerated but not wholly unfounded claims, throwing around it a halo of secrecy. The fortunes of Ayer, Jayne, Holloway, Schenck, Brandreth and others were made thus. Or a single preparation, perhaps an officinal one, is taken, for which much testimony is at hand, and special excellence in its manufacture is claimed, as Pond's extract of hamamelis, etc. Here the line shades off, and even the casuist hesitates as to whether he should condemn the advertisement as making false representations, or whether he ought not rather to praise the skilled manufacturer for energy and tact in surpassing others in his line. There is, indeed, a debated and debatable ground at this point; but as to the greater number of such cases, no one need be blind to their falsity, except those who do not wish to see.

Notes and Comments.

Therapeutical Notes.

SUCCUS LIMONIS IN TONSILLAR HYPERTROPHY.

Dr. De Saint Germain, of Paris, has found lemon juice a very simple and efficacious remedy for the suppression of hypertrophied tonsils. In young subjects he pencils the tonsils with lemon juice twice a day. A cure is usually obtained in two weeks. He does not consider more heroic treatment justifiable till this remedy has failed.

PROPHYLACTIC IN SCARLATINA.

Dr. L. C. Johnson, of India, writes to the Cincinnati *Lancet and Clinic*—

It is safe to say that belladonna as a prophylactic is a failure. In place of this I use carbolic acid, as follows:—

℞. Carbolic acid, 1 milliter.
Glycerine,
Aquæ cinnam., āā 1 decilliter.
Mix.

Sig.—One-half teaspoonful three times a day, when exposed, for a child three years old.

RECIPE FOR A SPICE BAG.

A writer in the *Medical Record* gives the following:—

Take a half-ounce each of cloves, allspice, cinnamon, and anise seeds, pounded, but not powdered, in a mortar; put these between two layers of coarse flannel, about six inches square, and quilt them in. Soak this for a few minutes in hot spirits (brandy, whisky, or alcohol) and water, equal parts, and apply it to the abdomen warm, renewing it when it gets cool. Its especial value is in infantile diarrhœa.

COMBINATION IN WHOOPING COUGH.

The editor of the *Western Lancet* says, in his September issue—

The following prescription has been employed with the most gratifying results, and is believed to be one of the best whooping cough mixtures. If faithfully administered, there will be a manifest improvement within a day or two:—

℞. Codeiæ, gr. j
Ext. grindeliæ rob, f. ʒ ij
Ext. œnotheræ biennis, f. ʒ j
Syr. glycyrrhizæ, ʒ ij.

For a child of two years a teaspoonful may be given after every paroxysm; younger children in proportion. If vomiting is required to expel the phlegm, syrup of ipecac may be given, when necessary.

The above prescription may be varied to meet the requirements of the case. The following may be found in the hands of other physicians as valuable as it has been in the writer's:—

R.	Codeiæ,	gr. ss
	Potas. bromidi,	ʒj
	Potas. iodidi,	ʒj
	Chlorali hydratis,	ʒj
	Syr. tolutani,	ʒij
	Ext. glycyrrhizæ,	f. ʒss
	Syr. ipecac,	ʒj. M.

Sig.—½ to 1 teaspoonful, in water, after each paroxysm.

Size of the Head in Various Occupations.

The *Medical Press and Circular* states that MM. Lacarsagne and Cliquet communicated to the *Société de Médecine Publique, etc.*, the results of comparative measurements of the heads of various individuals, viz., 190 doctors in medicine, 133 soldiers who had received a rudimentary education, and 90 other soldiers completely illiterate:

The antero-posterior diameter averaged:—

	Doctors.	Soldiers, Educated Partially.	Soldiers Illiterate.
	85.29	81.97	79.13
Frontal	48.91	43.65	42.35
Parietal	52.58	49.66	50.27

Moreover, the two halves of the cranium are not symmetrically developed. In the educated the left half is most developed, and in the uneducated the right half. They conclude:—

1st. The cranium is more developed in the educated than in the uneducated.

2d. In the educated the frontal region is relatively more developed than the occipital region.

Syphilitic Neuralgia.

It should be borne in mind that some cases of obstinate neuralgia are of syphilitic origin. Dr. Higgins recently reported one to the Toledo (Ohio) Medical Association. It was of a man suffering from pain in the right sciatic nerve, recurring periodically every day at the same hour. He treated it with quinine and anodynes for ten days, when he remembered that he had treated the same man some years previously for syphilis, the symptoms being hyperæsthesia of scalp, nocturnal pains and tibial node. The patient had had a sore twenty years before. There was no paralysis. He put him on the iodide of potassium, which relieved him within four days.

The Cinchona Cure for Drunkenness.

We duly noticed this vaunted cure on its announcement; we now chronicle its worthlessness. Dr. A. P. Hayne, Superintendent of the Home of the Inebriates, San Francisco, writes thus of it, after full trial, in the *Western Lancet*—

In no single instance have I found it to possess the slightest power in disgusting the patient with liquor or in any way diminishing his or her appetite or craving for intoxicating drinks. On the contrary, they have all freely confessed to me that the anticipation and the pleasure of a drink was as strong as ever. In no case have I seen whisky refused when offered, and in the majority it has been asked for. I know of an instance, in private practice, in which a person has stayed at home and taken the remedy all day, for several days in succession, and gone out in the evening only to be brought home thoroughly intoxicated.

Material for Splints.

Speaking of preparations which readily harden and are suitable for splints, Dr. Oscar H. Allis, of this city, in a late article in the *Medical Times*, observes that one of the most convenient is the white of eggs and flour. Take the whites of two eggs and beat into them flour until it forms a glutinous paste; this, when applied to muslin, will soon harden, and can be made of any desired firmness and strength by repeated layers.

Another, that may be kept on hand and ready for use is—

Gelatin (in small pieces),	7 ounces.
Water,	5 "

Dissolve with gentle heat, and add—

Alcohol,	4 ounces

This will dry in about two hours, and becomes stiff and tough.

Starch, glue, a solution of shellac in alcohol (often styled shellac varnish), plaster-of-Paris, silicate of soda, are or have been employed for this purpose.

Finger Blistering for Neuralgia.

Dr. Walke gives, in the *Southern Clinic*, this recipe—

R.	Chloroform,	
	Bay rum,	āā equal parts.

Sig.—Shake well before using.

He says of it:—

My attention was called to this as a remedy for neuralgia of the scalp some ten years ago. I have frequently used it since, and I have known it to be used by others. By applying it to the temple or seat of pain, with the end of the finger,

holding the finger to the parts to exclude the air and prevent evaporation, in two or three minutes it so reddens the skin, and the pain from it is so severe, I have had to remove it to prevent its blistering. A blister can be formed, I am satisfied, in five or ten minutes. I knew a friend who applied it upon a handkerchief to his temple, while suffering with neuralgia, and becoming eased, fell asleep without removing it, though it caused a severe and troublesome blister.

Napheys' Therapeutics in England.

It is gratifying to find the steadily growing appreciation of this work by the profession in Great Britain. A large number of copies have been ordered for the London market, and the critics of the medical press have expressed themselves in warm terms of the value of the book. The *Lancet* remarks, "To collect such information with judgment and with completeness is a very great service to the practitioner, who in the emergencies of practice often wants to see at a glance the best plans of treatment and the best remedies. The fault of such books is that the selection of remedies is often made very fancifully, according to the author's own predilections; but in the present instance the selections are made with judgment, and are fairly complete." The *Medical Press and Circular*, Dublin and London, says: "No one who carefully peruses this work can feel surprised at the demand for it. It contains nearly all the recent additions to therapeutical knowledge, arranged in an orderly manner, so that the busy practitioner can lay his hand at once upon what he wants. It should have an extensive sale among those practitioners who are anxious to be abreast of the times."

We have permitted ourselves these quotations from such eminent foreign authorities, as a sufficient reply to the animadversions which the popularity of the book has elicited in some quarters in this country.

Vitality of the Teeth.

In the *Dental Register*, September, 1879, Dr. Rawls states that he heard Dr. Geo. Watt report the case of a boy having a tooth knocked out while coasting; the tooth was lost in the snow for some time, and when found was completely frozen; the Doctor, after thawing it successfully in cold, tepid and warm water, replanted, and since then, to all the known tests, it has responded as a living tooth. Dr. Rawls once had a case similar to that of Dr. Edwards. In extracting a decayed, second lower bicuspid, which impinged on the first bicuspid, the latter popped out, clear across the room; he replaced it, saw the patient six months afterward, and the tooth responded to every test.

Correspondence.

The Doctor His Own Druggist.

Ed. Med. and Surg. Reporter:—

I have not seen the previous communications on this subject, but Dr. Johnson's, in the last number of your journal, raises the question, Is it professional for a physician to dispense his own medicines when the services of a druggist can be conveniently obtained? Another question might be asked: Is it desirable that he should do it?

The first may be answered briefly, and I believe correctly, as follows: If the physician can cure his patient more quickly, safely and pleasantly by dispensing, than by prescribing, it is certainly his duty to do so; I conceive that under these circumstances it is perfectly professional. It would certainly appear that the physician should regard, *ceteris paribus*, the interests of the patient before those of the apothecary. The relation between patient and physician is a confidential one, and it certainly should be a point of honor with the latter to do his best, and not content himself simply with the "ordinary diligence" that the law requires. First, as to curing quickly. If the physician selects the appropriate remedy, the better the quality of the drug the quicker the cure, other things equal. As the physician can, if he chooses, dispense only the best attainable qualities, he will probably do better for his patient than if he prescribes, because in the majority of instances the patient will not obtain the best attainable quality from the druggist. On the other hand, if the doctor contents himself with dispensing the same inferior qualities that the druggist supplies, the patient is in no wise the gainer, so far as his health is concerned, and the doctor had better leave the matter alone.

Second, as to safety: It has been asserted that if physicians undertake to dispense they will be more likely to make mistakes than the druggist, partly on account of lack of familiarity with pharmaceutical operations, and partly because their minds are occupied with other matters, *e. g.* symptoms of patient, or disturbed by his presence during the operation of dispensing, while the druggist's mind is occupied solely by the work before him, namely, the compounding of the prescription. These are, doubtless, strong *primâ facie* arguments, but when properly looked at lose, I think, some of their force. The *tendency* in medicine is, and has been for the last two hundred years, from poly-pharmacy toward mono-pharmacy. In earlier times prescriptions containing twenty-five, fifty, and even more, ingredients were not uncommon. Now-a-days we seldom see more than three or four. Some physicians follow with almost religious strictness the classic formula of *agens*, *adjuvans*, *corrigens* and *menstruum*. Now this appears to me to be, in many instances, an unnecessary complication. If

the *agens* is not sufficiently active, give a larger dose of it and dispense with the *adjuvans*. If, on the other hand, it is too active, give less of it, and thus dispose of the *corrigens*.

The *menstruum* should be as simple as possible, and in most instances I believe that water is the most desirable one.

Let us see how this may be applied to active medicines in common use, such as tinct. or fluid extract of aconite, belladonna, nux vomica, and a dozen others that will immediately suggest themselves. If the physician hands the patient a vial of either of these, and supplies him, or tells him where he can procure, a minim dropper, and directs him to take a certain number of drops in a spoonful or wineglass of water, he will, I think, be able to get as good therapeutic results as if he writes—

℞ Tinct. nucis vomicæ ...
Syr. cort. aurant., ...
Aquæ, āā ... M.

Sig.—Teaspoonful ... times a day.

Not long since I saw something like the following, written at a dispensary:—

℞. Tinct. nucis vomicæ, ℥ j
Potassii bromidi, ℥ vj
Syrupi simp.,
Aquæ, āā ℥ ijss.

℥ j t. i. d., before meals.

On asking the doctor the purport of the mixture, he kindly explained that the man had a weak stomach, that needed toning up with nux vomica, and as his stomach was very weak a large dose was necessary. He had before this, he said, given him nux vomica plain, but the patient complained that it made him nervous and fidgety, and that it was too bitter, and he didn't like it. So the doctor very scientifically (?) added the bromide to calm the nerves, and the syrup to sweeten it a little. It did not occur to him that a smaller quantity of the drug would have diminished the bitterness and would not have disturbed the nervous system so much.

Now, if a physician finds it necessary to use the mixtures we have indicated, or similar ones, he should by all means write prescriptions and let the druggist attend to the dispensing, because in cases of this sort it may, perhaps, be safer to leave the compounding to one who is experienced and skillful in pharmaceutical manipulations. Further, the druggist will be likely to furnish the mixture in a neater and more attractive form, which is a matter of some practical importance.

If, on the other hand, the physician thinks he can get along with the nux vomica, or what not, *plain*, let him by all means dispense it himself. If his stock bottles are properly arranged and carefully labeled, I think he can with confidence attack the difficult pharmaceutical problem of pouring from a large bottle into a small one. Physicians in this country, who live away from cities and large towns, have from the earliest times been in the habit of dispensing their own medicines. They doubtless sometimes make mistakes, but so do druggists, and I am inclined to believe that a larger number of fatal casualties have occurred through errors in dispensing at the hands of druggists than of physicians. There is nothing, therefore, to be apprehended on the score of safety. The level-headed physician will make no more mistakes in dispensing than in prescribing; while if he is not a careful, well educated and judicious man, it matters little which he does; his patients will probably fertilize the soil sooner than if they were left alone.

If the truth of the propositions here stated be denied, I hope I may have an opportunity of meeting such objections as may be raised. On the other hand, if they are granted, I should like to discuss some other aspects of the question, and more particularly the financial one; and also to consider the relations, as regards comity, that should exist between physician and apothecary.

New York City. H. G. P.

Hypodermic Use of Morphia.

Ed. Med. and Surg. Reporter:—

The request of Dr. Kane, of New York, to answer certain questions in regard to the hypodermic injection of morphia, prompts me to give some of my experience in that direction in the past eight years. I do so the more readily because there seems to be a strong prejudice in the minds of some of the older country practitioners, against the hypodermic use of morphia. I was in consultation, not long since, with a very intelligent physician of great standing, and an army surgeon of the late war, who said he had never used the hypodermic syringe, and did not intend doing so, as he considered it dangerous and uncalled for. I am acquainted with a number of other regular physicians, who, either from want of appreciation of its great value, or thorough prejudice against it, do not own hypodermic syringes, and consequently never make use of it.

I was called upon a few years ago to take charge of a case of very acute uterine pains, in connection with great irritability of the stomach, which the attendant had utterly failed to relieve after two days' trial, because she could not retain his powders on her stomach. I relieved her with two fourth-grain injections of sulph. morphia.

Now, it must be admitted that the hypodermic use of morphia is a matter not to be trifled with by any one, or tampered with by persons unacquainted with its proper use. But neither ought poisonous medicine, like arsenic, strychnia, etc., be carelessly or ignorantly used; and yet no one would think of discarding these valuable remedies because they require care in their administration. That it is one of our most potent means for the relief of human suffering, no one doubts who has had any experience in its use. In acute pains, of a spasmodic nature, is where its great value is most apparent; and, in fact, in many cases its use is almost indispensable.

In illustration of its great utility and its superiority over giving by mouth in particular cases, I will cite the history of a case of severe cramp of the stomach in a young lady I was called upon to treat about six months ago. There was nothing peculiar about the case, excepting the spasmodic closure of the cardiac orifice of the

stomach, preventing the entrance of any substance whatever into that organ. I received the call on my way to another patient, and unfortunately did not have with me my hypodermic syringe; I gave her at once, by mouth, sulph. morphia, half a grain, to be repeated every hour until pain is relieved. I also ordered a large mustard plaster over the gastric region, to be followed by hot stupes. Four hours after my first visit I was sent for again. I found the pain no better, though she had already taken two grains of morphia. I now injected, within three-fourths of an hour of each other, two fourth-grain doses of morphia, which relieved her entirely in twenty minutes after the last dose. I felt some anxiety after she was relieved as to the effects of the morphia taken by mouth when the stomach would become relaxed, but she recovered without much trouble.

Take as another instance, illustrative of its indispensable value, a severe case of cholera morbus, with excessive vomiting, in which nothing will be retained in the stomach sufficiently long to produce relief; a hypodermic injection of a third or a fourth of a grain of morphia will almost invariably relieve your patient in less time than it takes to send a prescription to the nearest apothecary. There are many other instances in which if the hypodermic syringe is not used the attendant does not do his full duty, up to the latest advances in medical science. I have frequently entirely relieved the urgent distress and suffering of cases of cholera morbus and colic in from ten to fifteen minutes, a result that cannot be accomplished in any other way. Of all the means at our disposal for the combating of disease and suffering, I know of none in which I have such implicit confidence, as in the hypodermic syringe. When called to a case of acute pain, I feel certain I can relieve it, no matter whether my patient can retain anything in his stomach or not: and besides that I always know just how much morphia is in my patient's system, which is not always the case in giving by mouth. The evil results sometimes accompanying and following the hypodermic use of morphia can generally be avoided by care in performing the operation. The solution should be thorough and clear of extraneous matter, and I always heat it to about the temperature of the body before injecting. The greatest danger is in injecting into a vein sufficiently large to carry the whole dose at once into the circulation. That can be avoided by selecting a place where the large veins are least numerous, and by injecting, say a third of the dose and then waiting eight or ten seconds, when, if in a vein, the symptoms will show themselves. The first symptoms are a feeling of great fullness of the head and intense flushing of the face; coming on within a few seconds after the operation. Such, at least, was the case in a patient of mine.

Care should also be taken to introduce the point of the needle well into the subcutaneous cellular tissue, and not inject into the substance of the skin, otherwise the skin at once swells, as if stung by a bee, and abscesses are liable to follow. To do this properly the skin should be raised by pinching a fold of it between the thumb and finger and entering the needle perpendicularly to its surface, and not, as I have seen it done, at but a slight angle to the surface, passing through the skin for half an inch or more before entering the cellular tissue, causing considerable pain. I saw several abscesses follow its use, but in every instance I am satisfied the point of the needle had not been clearly in the subcutaneous cellular tissue. My usual dose is a fourth of a grain; less if the pain is slight, and more if extraordinarily severe; I have already given as much as three grains in a case of severe cramps in a person addicted to the excessive habitual use of opium.

I usually give morphia sulph. alone, excepting in neuralgic affections, when I combine a fourth grain morphia to a sixteenth of a grain of sulph. atropia. I do not submit this to your readers as embodying anything new or original, but merely as a gentle reminder to the inexperienced in this matter, of some interesting facts connected with its practical use.

J. A. Houtz.

Logansville, Clinton Co., Pa., Oct., 10th, 1879.

Singular Form of Malarial Poisoning.

Ed. Med. and Surg. Reporter:—

This case being a little singular, is my apology for reporting it. At 4 P.M. on the 16th of August, 1878, I was summoned to see Jacob K., a farmer, aged 50 years, living about three miles from town. I was told by the messenger that he was "jerking all over, and wanted me to bring my lancet along." I armed myself with the instrument and hastened to his assistance. When I arrived there I found him on the floor and apparently in the worst stage of chorea. By inquiry I learned that he had had a chill of ague in the forenoon of the same day, and instead of it being followed by fever, as is usually the case, he was seized with irregular contractions of nearly all the voluntary muscles, simulating chorea. It was so violent from the time of its commencement, which was 12 M., that he was nearly exhausted when I first saw him. He said that about 23 years since he had a chill and it was followed by the same symptoms. At that time they bled him freely, which gave instant relief and he requested me to do the same: but thinking it best not to resort to venesection, I gave him, as near I could guess—not having anything with me to weigh it—20 grains of bromide potass. combined with 3 grains pulv. opii; thirty minutes after the medicine was given he fell asleep, and the irregular muscular contractions ceased. I remained with him another half hour, and he was still sleeping, seemingly natural. I told his wife to let me hear from him in the morning, which was done by himself coming to town; he said that he slept about five hours after I gave him the medicine yesterday, and awoke very much refreshed. His tongue at this time was heavily coated, and he complained of his limbs, back and head aching; he had all the symptoms of intermittent fever, for which I treated him. He then remained as well as usual until the 19th of September, in the same year, when I was called to visit him again, which I did, and found him in the same condition as in August, lying on the floor, with the irregular muscular contractions. I gave him the bromide and

opium, which soon quieted the muscles and gave him another good sleep; I then followed the same treatment as before. Since that time he has been in good health, has had a few symptoms of ague occasionally, but has always avoided a chill by proper remedies. M. O. Lower, M.D.

Liberty Mills, Ind.

Effect of Molasses on the Health.

Ed. Med. and Surg. Reporter:—

In the Reporter of August 16th I see an extract taken from a communication by Dr. J. H. Miller, of South Carolina, to the Louisville *Medical News*, in which he says that the use of "home-made molasses" is a cause, or will produce the excitant cause, of the "bilious fever" of the South. This may be so in South Carolina, but is not the case in Mississippi. Here, when the season for making molasses comes, those engaged in making it use the juice in all the stages, from the crude material as it leaves the mill until it becomes molasses, without any apparent trouble, and fatten all the time. I live and practice among people that use a considerable quantity, but have never seen a case of intestinal worms that I thought was due to its use. I think if the Doctor will observe more closely, he will find the cause of his trouble in the general hygienic condition of his patients.

Lake, Miss. A. McCallum, Jr., M.D.

News and Miscellany.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, July 30th to September 30th, 1879.

Ellinwood. C. N., Surgeon. Granted leave of absence for thirty days, from August 12th, 1879. August 5th, 1879. Ordered to rejoin his station. September 10th, 1879.

Bailhache. P. H., Surgeon. Relieved from duty at the Port of Baltimore, and ordered to New York to relieve Surgeon Ellinwood, granted leave of absence. August 6th 1879. Detailed as Chairman Board of Survey to examine damaged property at the New York Marine Hospital. September 23d. 1879.

Doering, E. J., Surgeon. Detailed as Chairman Medical Board of Survey to examine into the physical condition of an officer of the Revenue Marine Service. September 22d, 1879.

Gassaway, J. M., Assistant Surgeon. Detailed as member of a Board to report upon the advisability of establishing a marine hospital at Port Townsend, Washington Territory. September 18th, 1879.

Fisher, J. C., Assistant Surgeon. Relieved from duty at Cairo, Ill., upon the arrival of Assistant Surgeon Carter, and ordered to report for duty to the Surgeon General M. H. S. August 25th, 1879.

Brown, F. H., Assistant Surgeon. Granted leave of absence for fifteen days from July 12th, 1879. July 7th, 1879.

Goldsborough, C. B., Assistant Surgeon. Assigned to temporary duty in charge of the service at the port of Baltimore, Md. August 6th, 1879.

Granted leave of absence for twenty days from September 22d, 1879, by reason of physical disability. September 19th, 1879.

Irwin, Fairfax, Assistant Surgeon. Granted leave of absence for thirty days from October 7th, 1879. September 18th, 1879.

Glazier, W. C. W., Assistant Surgeon. To proceed to Georgetown, S. C., as inspector. July 17th, 1879.

Dana, C. L., Assistant Surgeon. Detailed as member Board of Survey to examine damaged property at the New York Marine Hospital. September 23d, 1879.

Carter, H. R., Assistant Surgeon. Relieved from temporary duty at the port of Boston, Mass., and ordered to proceed to Cairo, Ill., and assume charge of the service, relieving Assistant Surgeon Fisher. August 25th, 1879.

Heath, W. H., Assistant Surgeon. To proceed to New York for temporary duty. July 15th, 1879. Relieved from duty port of Georgetown, D. C., and ordered to report to Surgeon Ellinwood, port of New York, July 26th, 1879. Detailed as Recorder Board of Survey to examine damaged property at the New York Marine Hospital. September 23d, 1879.

The following candidates having passed the required examination were appointed Assistant Surgeons, July 21st. 1879:—

O'Connor, Francis J., of the District of Columbia, (assigned to temporary duty, port of Georgetown, D. C., July 26th, 1879. Ordered to Baltimore, Md., for temporary duty, during the absence of Assistant Surgeon Goldsborough. September 20th, 1879.) and

Porter, Frederick D., of Michigan. (Assigned to temporary duty at the port of Detroit Mich., July 25th, 1879. Granted leave of absence for fifteen days from September 6th, 1879. September 1st, 1879.)

"St. Virchow's Well."

That the great pathologist and opponent of dogmatic belief should himself become a miracle worker is a funny satire. Yet such is the fact. When he went, last spring, to look at Dr. Schliemann's diggings at old Troy, the rumor soon spread that he was a renowned healer of disease. Consequently, sick and infirm people flocked in daily increasing numbers to Hissarlik, from far and wide. There are no roads and no vehicles. So the people came on foot, or on horseback, or riding on asses; even women coming thus from a long distance. Very infirm people were brought in great baskets slung across a horse's back, sometimes one on each side, by way of balance. The patients used to range themselves in a long row, opposite the wooden hut in which Virchow lodged, each waiting patiently until his or her turn came.

But the joke remains to be told. While there Virchow had a well dug in the old bed of a stream, now dry, to obtain good water. Since he left, Dr. Schliemann writes that the inhabitants "regard the excavation and spring with veneration, and have fenced it around with stones.

The spring is called 'the doctor's well,' and magical virtue is ascribed to it. Every one comes to draw water from it."

Planetary Influences.

Dr. E. M. Snow, of Providence, remarks, in his last monthly report as Health Officer of that city—

We have had occasion recently to know that some very intelligent persons have been fretting and troubling themselves about certain sensational newspaper articles, describing some conjunction of the planets, which, it is said, is to bring disease as well as other calamities, during the present year, upon the human race.

The time is forever past when any one can accuse the "Providence of God," or any occult influence of the planets, for the death of their children, from either diphtheria, typhoid fever or scarlatina.

The study of astronomy is very interesting and profitable, but those who are really desirous of finding the causes of diseases need never look beyond the planet upon which they live, and to find the causes of diphtheria, typhoid fever and scarlatina, they need not, *generally*, look beyond their own houses and yards, or the yards of their immediate neighbors.

Syphilis in Japan.

Previous to 1869 the percentage of cases admitted to hospital for syphilis, in Yokohama, was 24.4: in that year legal preventive measures were enforced, and since then the admissions have been reduced to about 11 per cent. The Japs approve of preventing this disease by legal sanitary measures; so do the French, English and Germans. The Utah Indians, Hottentots and citizens of the United States do not; they think it would interfere with the liberty of the individual, or else would be immoral.

Personal.

—By direction of the Secretary of War, Surgeon Charles Sutherland is ordered to report in person to the Commanding General of the Military Division of the Pacific, for duty as medical director of that division. Surgeons B. J. D. Irwin and W. D. Wolverton are ordered to report to the headquarters of the department of Dakota, for assignment to duty.

Items.

—*Correction.*—In Dr. Morgan's article, the first ℞, on p. 291, should read extr. belladonna ʒ ij; and the * refers to the strychnia solution.

—A pennyroyal factory at Walnut Hill, Ill., has utilized 167 tons of the herb this year.

—A Michigan chiropodist offers to chirop with any man for $100 a side. If beaten he will acknowledge the corn.

—A visitor to Hempstead Church (England), where the celebrated Harvey lies buried, found his tomb decaying, and writes that his family is extinct in the male line, as is usual with great men.

—Mr. George Arthur Gardiner, nephew by marriage of Prescott, the historian, died in Brooklyn on the 27th ult., in great agony, after two weeks of indescribable suffering. It is said by his attending physician that his death was caused by arsenical poison placed by a dentist in one of his teeth, for the purpose of killing an aching nerve.

OBITUARY NOTICE.

The Rev. G. B. Perry, M.D., D.D., LL.D., died at Hopkinsville, Ky., September 30th, 1879, in his 79th year. He received the degree of M.D. from the Jefferson Medical College at an early day, and practiced some years before entering the Protestant Episcopal ministry. He was a near relative of Commodore Perry, hero of the battle of Lake Erie, and was born under the same roof.

MARRIAGES.

FAIRBAIRN—SACKET.—On Wednesday, September 24th, at Cape Vincent, N. Y., by the Right Rev. F. D. Huntington, D.D., assisted by the Rev. G. G. Perrine, Archibald C. Fairbairn, M.D., of Minneapolis, Minn., and Fanny E., daughter of Gen. D. B. Sacket, U. S. Army.

GUTHRIE—WRIGHT.—In the First Presbyterian church of Wilkesbarre, Pa., September 24th, by Rev. F. B. Hodge, George W. Guthrie, M.D., and Sarah H. Wright, both of Wilkesbarre, Pa.

HAWLEY—MARTIN.—On Thursday, September 18th, 1879, at the residence of the bride's parents, by Rev. W. Hollingshead, Dr. H. W. Hawley, of Scottsville, N. Y., and Miss Mary Martin, of Cincinnati.

HAYNES—REA.—By Rev. A. G. Eagleson, September 17th, 1879, at the home of the bride's father, in Washington, Guernsey County, Ohio, Mr. Horace C. Haynes, of Cambridge, Ohio, and Miss Mary F., daughter of Dr. F. Rea.

SHERMAN—CUNNINGHAM.—Wednesday, September 24th, 1879, at the residence of the bride's parents, Mt. Vernon, N. Y., by the Rev. M. H. Hutton, D.D., Dr. James T. Sherman, of Boston, Mass., and Miss Belle G. Cunningham.

TUCKER—NEWMAN.—In the Second Presbyterian church, Albany, N. Y., September 17th, by Rev. A. J. Upson, D.D., assisted by Rev. E. Hailey, D.D., Willis G. Tucker, M.D., and Mary, daughter of Charles Newman, all of Albany.

WADE—WHIPPLE.—At the Church of the Transfiguration, West Philadelphia, by the rector, Rev. Thomas K. Conrad, D.D., S. Herbert Wade, M.D., and Clara Moreland, eldest daughter of the late Captain William P. Whipple, all of this city.

DEATHS.

BADGER.—At her residence, at Flushing, Long Island, on Wednesday, October 1st, Mary Emily, wife of Dr. William Badger, and daughter of the late Rev. A. H. Crosby.

SANDS.—At Haydenville, Mass., on Saturday, September 20th, Alice Hayden, wife of Dr. Henry B. Sands, and daughter of Peter Hayden.

SHEW.—Mrs. Clara Bradley Shew, the wife of Dr. A. Marvin Shew, Superintendent of the Hospital for the Insane, at Middletown, Conn., of diphtheria, after a short but severe sickness, on Monday morning, September 22d, 1879, at her home in Middletown.

YARD.—In Trenton, N. J., on the 26th ult., Thomas S. Yard, M.D., son of the late Capt. Joseph A. Yard, aged 42 years.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

ON DISEASES OF WOMEN.

Delivered at the College of Physicians and Surgeons, New York,

BY PROF. T. GAILLARD THOMAS, M.D.

REPORTED FOR THE MED. AND SURG. REPORTER.

The Study of Gynæcology at this Clinic.

Gentlemen:—It gives me great pleasure to welcome back those of you who have been accustomed to meet with us here, and to offer a hearty greeting to such as now come among us for the first time. I shall endeavor, in the first place, to set before you briefly, as is my usual custom on such occasions as this, the methods of study which I believe to be the most advantageous and which we are going to follow here. When I first commenced to give clinical lectures on diseases of women, I tried a plan which all young clinical teachers in this branch adopt for a time. I never knew one, however, who did not eventually give it up. The practice to which I refer is the attempted exhibition to the class of various uterine troubles by means of the speculum: and I do not hesitate to declare to you that under such circumstances it is a farce, an impossibility, and often a fraud.

Let me explain to you why this is so. Suppose, for instance, I should have a patient with laceration of the cervix uteri, which I should like to exhibit to you. At the distance of six inches from the speculum one might see very well, and at the distance of a foot, perhaps, get a moderately good view: but a person sitting as far away as even the first row of benches could see absolutely nothing of the condition existing. Unfortunately you would see less than nothing; for you would get the most erroneous idea of the very part which I attempted to exhibit to you. If I were to bring my cases before a class of only five or six, of course, it would be a different matter; but in such a clinic as this the actual inspection of uterine disease (except in very rare cases) is manifestly impracticable. In the first place, if I were to allow you to come down individually into the amphitheatre, our time would be completely wasted: for in order to really see anything it would be necessary for each of you to occupy two or three minutes. Otherwise, you might be altogether misled in regard to the cases.

I therefore gave the plan up, as I said, not in order to save trouble, as one might perhaps suppose, but because I found that it was really of no service whatever.

Another point upon which I lay great stress (and this is one upon which you will hear me insist over and over again) is this, that the speculum is in reality the least valuable of all the means at our disposal for diagnosis in gynæcological practice. You must learn to see through the ends of your fingers, and in nine cases out of ten you will get more information by means of a cultivated touch than could be elicited through the agency of any speculum whatever. Place your reliance, therefore, on your fingers, and not on the speculum. The latter is principally useful as a means by which therapeutical applications may be made to the uterus and vagina.

Allow me to say again, that I hope you will all be regular in attendance here, as I shall endeavor to make my clinical lectures supplementary to my didactic ones, and thus have the clinic from week to week form a continuous chain. My

aim will be, not to bring before you the most rare and striking forms of disease, or to perform the most brilliant operations in your presence, but to show you just such cases as you will all be liable to meet in your ordinary practice.

It not infrequently happens that country practitioners come to spend a winter in New York, at great sacrifice, to learn just such practical points as I shall endeavor to impress upon you, because they have found, after a considerable experience, it may be, that the diseases peculiar to women perplex them more than any others which they are called upon to treat. I should, therefore, feel greatly dissatisfied with myself if any such (should they be attending the present course) should go away without learning anything here.

I propose to make my teaching entirely elementary, for a long experience has shown me conclusively that it is in the elementary points of gynæcology that a great many physicians, otherwise well posted on their profession, are sadly deficient. The reason that they frequently do not discover disease when it is really present is that they do not look for it properly. Such a one would perhaps say that he had made an examination, in any given case, by means of the speculum, and yet had not been able to find out what the trouble was. But, as I have previously mentioned, the speculum is the least efficient of all the means of diagnosis at our disposal, and it is unquestionably our duty to employ *all* the means which it is possible for us to resort to.

In every instance I shall proceed first to get the rational history of the case from the patient herself, and in doing this I shall always make use of the same general method of interrogating her. Then, having obtained the history, I will resort to a physical exploration, and in making this I shall employ all the means that it is possible to resort to. If you will look at a good examiner of the chest while engaged in making out a diagnosis, you will observe that he does not simply apply his ear to the chest wall, but that he first makes an inspection of the thorax, then measures the two sides of it carefully, and then practices palpation; after which he resorts to percussion and auscultation. By the combination of all these different methods he is enabled to arrive at a conclusion in regard to the case.

So, in diseases of women, we must never jump at a diagnosis. For example, here is our first case now before you. I shall get the history of the patient, and then tell you what I suspect is probably the trouble, from the symptoms described; after which I will make a physical examination and determine the diagnosis positively. What is a diagnosis? Merely the logical deduction from certain premises. What, then, are these premises? The symptoms. And what is the deduction to be drawn from them? The diagnosis.

Some years ago I used to offer prizes for the best report of my clinic during the regular winter course, and I wish I could offer one this year; for I should like to encourage you, by any means in my power, to take notes here. I do not advise you to do so in attending didactic lectures, because all the material given in them is to be found in books; but notes taken at the clinics you will find to be of the highest service. When you get into actual practice cases will come into your hands in regard to which you will be able to learn nothing whatever from the ordinary text-books; but by referring to your notes you may perhaps find precisely similar ones which have occurred here. But now let us turn to our patient.

Case 1.—Laceration of the Cervix Uteri; Subinvolution; Fungoid Degeneration of the Lining Membrane of the Uterus.

This patient's name is Margaret O'C.; she is a native of Ireland, thirty-eight years of age; has been married eighteen years, and has had six children, but no miscarriages. Her youngest child is six years old. Now, let us suppose that this woman comes to consult you at your office. There is something wrong about her, and it is your business, as her physician, to find out what the nature of the trouble from which she is suffering may be. If you will now pay close attention to the way in which I question the patient, you will see the method which I almost invariably resort to for obtaining the rational history in any case, and one which I cannot recommend too highly to you to follow out in your own practice. How long have you been sick? "About two years." Were you perfectly well up to two years ago? "I have not been perfectly well since the birth of my last child, but I have been worse for the last two years." What has annoyed you during that time? "Headache and a dizziness when I go out." Do you ever feel so dizzy that you stagger? "Sometimes." (The symptoms of which she complains, you will understand, gentlemen, is what we call vertigo.) What else do you suffer from? "Hemorrhage from the womb every month." Do you have to go to bed in consequence of this? "Yes." How long does the flow last? "Three days and three nights." Do you ever faint from weakness caused by it? "No; but I feel like it sometimes." What else do you suffer from?

"Pain in the side." Anything else? "The soles of my feet burn, so that I cannot sleep at night."

You observe that I have suggested nothing whatever to the patient; yet she has given me quite enough information to make me suspect some uterine or pelvic trouble, all the symptoms mentioned pointing in that direction. The particular nature of the affection, of course, we do not know as yet, and I now proceed to put a few direct questions. Do you have the whites at all? "Yes, a great deal." Constantly? "Yes; and the discharge has a very bad smell." (This is a point she forgot to mention before.) Have you any headache? "I have some headache, but it is not as bad now as it used to be." Do you have any trouble with your bladder? "I have to pass my water very often."

These are all the points which it is necessary to obtain in regard to the history, and if the patient were in your office, or you were visiting at her own home, you would now proceed to make a physical examination. Let me here remind you that whenever you deem such an examination necessary you should make up your mind to do it *thoroughly*, or else not attempt it at all; for there is no use putting your patient to the annoyance of such a procedure unless you mean to find out in this way all that you possibly can about the case. When you have determined that it really is necessary, appeal to the good sense of the patient, and get her full consent to the exploration. Otherwise it will be utterly impossible for you to conduct it satisfactorily. The examination is then to be carried on as follows:—

Instead of placing your patient on a bed or sofa (or any soft surface), let her lie, on her back, upon a table, on which a blanket and sheet have been spread, with her head resting on a pillow and her knees flexed. A table never gives alarm to a patient, and the fact of your employing one is very apt to inspire her with confidence in you. A sheet is then thrown over the woman, and you are ready to commence your exploration. There is nothing that answers the purpose of a lubricating agent for the fingers so well as soap and warm water. This is far preferable to oil or lard, as grease of any kind impairs the tactile power. Then it may very likely be rancid and offensive, and if this is the case, it will act as an irritant to the vagina.

The first part of the examination is really the most important. When I passed my finger into the vagina, in the present case (the examinations, as I have intimated, are always conducted in private here) I found that instead of meeting with a normal cervix uteri, it passed into a wide rent; so that no *os externum* could be felt at all. Then I said to myself, the diagnosis is laceration of the cervix. Let us see if such a condition will account for the symptoms. The prominent ones are vertigo, profuse hemorrhage, fetid leucorrhœa, headache and backache; and it is possible that they might all be due to such a laceration. The patient is suffering from marked anæmia (on which the headache and vertigo may depend), and this may be the result of continuous or periodical bleeding of the torn surface. It would explain the leucorrhœa satisfactorily, and the headache might be the result of reflex irritation from the injured part.

But the examination has as yet only been commenced, and before deciding that we have arrived at a satisfactory diagnosis, it is better that it should be completed. On resorting to conjoined manipulation, by keeping the index finger of one hand at the cervix uteri and carrying the other up to the abdominal walls (so that the uterus might be brought between the two hands), I ascertained that the organ was considerably enlarged. I was unable to find either ovary; nor could I detect anything abnormal about the pelvis.

The next step is to make use of the speculum. I trust none of you understood me to say before that the speculum should not be employed; what I wanted to impress upon you was merely that it should not be relied upon by itself. In order that a satisfactory examination may be made by means of the instrument, the patient should lie upon the left side, with the left arm drawn behind her and the right leg flexed and carried across the left. Sims' speculum is then introduced and held firmly in position by an assistant. When this had been done in the present instance the marked laceration of the cervix was ocularly demonstrated. Having wiped off some tenacious mucus, with a rod wrapped with cotton, I found the surface of a light red color, but absolutely free from any bloody oozing. I then drew the point of a uterine probe over it several times, with some little force; but there was still not the slightest evidence of hemorrhage from it. What, then, I had previously thought might be the diagnosis, was thus, you see, found incorrect, or, at all events, incomplete; because the source of the bleeding was still unaccounted for, and loss of blood is the principal thing for which the patient comes here to seek relief.

I next passed the sound into the cavity of the uterus, and this was followed by quite a little gush

of blood. Now when, in any case, I get a history of menorrhagia or metrorrhagia, and on making an examination find that the uterus is considerably enlarged and that the introduction of the sound is followed by such a sudden gush of blood as was the case here, I have learned, after a very extended experience, to infer that there is almost invariably a certain condition present, which I will shortly explain.

When I found the state of affairs mentioned, I at once took this little curette, which consists of nothing but a loop of flexible copper wire, and introduced it to the fundus. On withdrawing it, nothing came with it; but now, when I carried it up into one horn of the organ, I drew out three little masses, which I now exhibit to you on this paper. At first sight they look very much like blood-clots; but it can readily be seen, on close examination, that they are not of this nature. They are rather polypoid in character; but still are not strictly polypi. The presence of these little growths in the uterus not infrequently causes such free hemorrhage as to give rise to the most serious consequences, and sometimes to endanger life itself. I know of a case where a lady was losing so much blood from the uterus that her physician, without knowing exactly what caused the hemorrhage, was obliged to resort to tampons saturated with persulphate of iron. A month afterward she applied to another practitioner, who, in order to find out what was the state of the interior of the uterus, very properly introduced a sponge-tent. Unfortunately, however, the patient died; and at the autopsy it was ascertained that the hemorrhage had all been due to the presence of these growths in the uterus, somewhat larger, it is true, than those which I now show you, but of exactly the same character. These masses, under the microscope, are found to be nothing but hyperplastic endometrium.

When the patient was delivered, six years ago, the cervix was completely torn through, and it has been ascertained that whenever this is the case in a labor, involution of the uterus does not go on as it ought to. Since then the organ has been constantly congested, and this condition has given rise, first, to the leucorrhœa complained of, and later, to the fungoid degeneration of the uterine mucous membrane, which has caused the bleeding. When I listen now to the heart, I find that there is an immense bruit with the first sound, constituting what is known as a bellows-like murmur, and due, no doubt, to the watery condition of the blood. All this has followed the woman's last confinement.

The complete diagnosis is, then—

First. Laceration of the cervix uteri.

Second. Subinvolution of the uterus.

Third. Fungoid growths lining the endometrium.

If this woman were a patient of mine, in the Woman's Hospital, I should be perfectly willing to tell her that she could be discharged entirely cured in three months' time, should no unforeseen accident occur in connection with the case. It is usually much easier, however, to promise than to effect a complete cure. I know the question will now arise in your minds, cannot such a patient as this be treated at her own home, in the country, for instance? I would reply, undoubtedly she can; and this is what I would advise to be done in any similar case.

In the first place, keep the patient in bed, and see that all fecal accumulation is thoroughly removed. A constant cathartic action should be maintained, but it should by no means be violent. In addition, free vaginal injections of warm water should be frequently resorted to, and the patient should be kept upon a moderate diet, principally of a fluid character. When this regimen has been kept up for a week or ten days, a speculum should be introduced, and the medical attendant, having secured the cervix with a tenaculum, should pass a curette into the uterus, and carefully scrape out the whole cavity. Only yesterday I employed this little instrument in the case of a lady from Orange, who had been losing so much blood that on two occasions her physicians thought she was going to die from the effects of the hemorrhage. She had been flooding terribly for no less than ten years, notwithstanding the fact that fuming nitric acid and other powerful agents had been applied to the endometrium. In her case I actually removed an even teaspoonful of these fungoid granulations, by means of the curette.

Any one of you can perform this simple operation as well as I, and with the instrument I recommend and use myself, it is impossible, I believe, to do any harm. All such growths can be removed with the exertion of but very little force indeed, and although for a long time I have been in the habit of applying the curette to the uterine mucous membrane at least once a week, I have never known the slightest accident result from its use. By this means, then, we remove the principal symptom in the case, viz.: the menorrhagia. In consequence of this, her general health would become greatly improved, the irregularity of the heart's action would cease, and the derangements of the nervous system (to which such symptoms as the

burning in the soles of the feet are due), would be corrected. The leucorrhœal discharge would also become greatly diminished; although this is, no doubt, due in part to the laceration of the cervix.

In about ten days after the application of the curette, it would be proper to perform an operation for the relief of the latter condition. This is a very simple matter. If you wanted two fingers, for instance, to become agglutinated, you would pare a surface of equal area on the side of each, and then keep the denuded surfaces in apposition by some mechanical contrivance until they had become firmly united. This, I assure you, is all there is about the operation for laceration of the cervix. We have merely to pare the torn surfaces with the scissors or knife, and then retain them in apposition by means of silver wire sutures. A young operator may, perhaps, fail once or twice in securing union properly, but he will soon learn to do it as well as anybody.

Two great foci of irritation will have been thus removed (by the application of the curette and the sewing up of the lacerated cervix), and the uterus being, in consequence, rendered of less gravity and smaller in size, will be found to rise higher up in the pelvis: although in order to keep it up properly in position it may perhaps be necessary for the patient to wear an elastic ring pessary for a time. The uterus will no longer be large, heavy and congested, the leucorrhœa will probably cease altogether, and within three months the patient will be perfectly well. This, then, belongs undoubtedly to the class of curable cases.

Case 2.—Procidentia Uteri, with Ruptured Perineum, Cystocele and Rectocele.

In the next case I am going to exhibit the trouble to you for the reason that there is something here which can be readily seen by the class. This poor woman, whose face I shall allow to remain covered with the sheet, is suffering, as you perceive, from what is known as falling of the womb. What you see at the lower portion of the mass extruded from the vulva is the lacerated cervix with its everted edges, and you will observe that in part the bladder is dragged down with the uterus, while there is a rectocele behind. With this state of affairs existing, it is not difficult to imagine how much the patient must suffer from pain in the back, a sense of dragging and weight in the pelvis, irritation of the bladder and rectum, and other troubles incident to such a condition.

In this instance the sound passed just five inches into the uterus; which must, therefore, be twice the normal size of the organ. This, then, is a case of complete prolapsus uteri, or, as it is sometimes called, procidentia uteri; although I must confess that I see no use in thus multiplying terms. This state of affairs resulted entirely from labor. The cervix became lacerated, and the edges of the wound never becoming united, involution did not take place, and the uterus consequently remained large and heavy; so that it sank gradually lower and lower in the pelvis, as its normal supports gave way, one after another. You see that I can very easily restore the uterus to its proper position; and if the patient had been placed in the knee-chest position, it would have replaced itself. The woman's nervous system is much exhausted, and it is quite time that something should be done for her relief. The first thing that ought to be attempted here is the sewing up of the lacerated cervix, and I hope I shall have the opportunity of doing this before you one week from to-day. This is a peculiarly good case for class demonstration, as the operation can be performed outside of the body, and need not be done through a speculum, as is ordinarily the case. At a later period I propose to operate for the procidentia.

The patient's name is Margaret H., twenty-eight years of age. She was born in Ireland, has been married five years, and has had one child, but no miscarriages. The child was born two and a half years ago.

Case 3.—Complete Rupture of the Perineum—Pelvic Abscess.

Mrs. Ellen R., born in Ireland, thirty-three years old; been married thirteen years, and had four children; no miscarriages.

How long have you been sick, Mrs. R.? "Since the birth of my last child, six months ago." How have you been complaining? "I have had a great deal of pain in the bowels." Where have you felt the pain particularly? "In the back and side. It is so bad that I cannot sleep at night." Do you ever have a passage from your bowels or pass your water without being able to control it? "No." Do you have to go to the water-closet frequently? "All the time; so that I have to take a great deal of paregoric."

I have received a letter from this patient's physician, and he says that she is continually passing laudable pus. Her pelvis is considerably contracted, and she was only delivered after a very difficult labor, during the course of which the whole perineum and two inches of the rectum were torn through. In consequence of this,

there is a loss of power of all the muscles in the vicinity of the anus, and yet, strange to say, she still retains control of the sphincter; although she is obliged to evacuate the contents of the rectum at frequent intervals. This is a most unusual exception to the general rule in these cases of extensive laceration; for ordinarily the fecal matter is escaping all the time, and the woman's life becomes perfectly miserable. The condition of such a patient is worse than that of one suffering from vesico-vaginal fistula, because the odor of fæces is more intolerable than that of urine. Yet, as I have said, this is not the case here, and the woman would not be much annoyed were it not for the discharge of pus from the rectum.

Now let us inquire into the source of the latter. Just above the superior strait of the pelvis, on the left side, there is a large tumor, which lies in close contact with the descending colon. This is undoubtedly a phlegmon, and from this has resulted an abscess, which is still discharging pus into the intestine. For the origin of this we are to look to the labor mentioned, which must have given rise to a localized peritonitis.

The next question that comes up is, what can we do for this patient? In a surgical point of view there is nothing to be done at present. The laceration of the perineum is doing no injury, and need not be interfered with. As to the pelvic abscess (which is a mass composed of lymph surrounding a cavity filled with pus), if it were operated on, fatal peritonitis might easily be set up. But you say, can we do nothing for this abscess? I fear not just now. If we were to enlarge the opening into the intestine, which is presumably quite minute, fecal matter would probably flow through it, and we should have the cavity filled with this, which would be a much more serious matter than to have it filled with pus, as at present. On the other hand, it would also be extremely hazardous to attempt to evacuate the abscess externally, as things are now situated. After building up the strength of the patient, by appropriate supporting measures, however, we might apply an escharotic externally (which might be repeated from time to time), for the purpose of causing an adhesion between the abscess and the external parietes. When this had taken place, there would no longer be any danger in freely opening the abscess.

—Diphtheria has been malignant in Somerset county, Pa., this year. Many families have lost most of their children by it, and others have moved away, to escape the epidemic.

Communications.

ARTIFICIAL FOODS FOR INFANTS.

BY VIRGIL O. HARDIN, M.D.,

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(Extracted from a paper read before the Rhode Island State Medical Society.

* * * * Condensed milk is sometimes used in the artificial feeding of infants. It is sold in hermetically sealed cans, and when recently opened and diluted with water presents some of the properties of fresh cow's milk. It consists of cow's milk reduced to one-fourth its original volume and sweetened with cane sugar. It is open, however, to the same objections as milk taken from a herd of strange cows indiscriminately, inasmuch as we know nothing whatever of the source whence it is derived, or from how many different animals it is obtained. It is not at all probable that the care is taken in regard to the quality of the milk used for this purpose that should be exercised in the selection of fresh milk for the food of the infant. Moreover, the addition of cane sugar in the preparation of it is a serious objection to its use, for reasons already stated. But aside from these theoretical considerations, F. H. Daly* has shown that infants do not thrive upon it as they do upon fresh milk. They may grow fat and appear healthy, but they are more liable to diarrhœa and other derangements of the alimentary canal, and sink rapidly when so affected. They will take it readily, on account of its agreeable taste, but it does not seem to furnish the necessary material for preserving the natural vigor and vitality of the child. For this reason the question may very properly be asked, why should it ever be used when fresh milk can be obtained? The answer will probably be made that it is difficult to obtain pure milk from a single cow in our large cities. But in using condensed milk we are entirely ignorant of the source whence it is derived, and it is safer to trust to the honesty of the milkman than to unknown manufacturers, located, perhaps, in a foreign country. It is only when the child is placed in such circumstances that it is impossible to obtain fresh milk, that condensed milk will offer any advantages that should lead to its use. On voyages at sea or journeys on the land it is frequently useful in this way. But to substitute it for fresh milk when the latter is equally obtainable, is an act of which the absurdity is apparent at a moment's thought. The composition of the "Anglo-Swiss" brand

* *Lancet*, November 2d and 9th, 1872.

of condensed milk is as follows, according to Pavy*:—

Casein.....	18.52	Ash.....	2.12
Fatty matter.....	10.80	Phosphoric acid	.649
Sugar of milk....	16.50	Water.....	24.30
Cane sugar.....	27.11		

Taking the amount of casein as the basis of computation, it will be seen that this preparation must be increased by three times its volume of water, to reduce it to the strength of cow's milk. But the proportion of fat is very much less, and of sugar very much greater than in the latter. There exists, therefore, a marked deviation from the normal standard, and less approximation to the natural food of the child than in giving milk fresh from the dairy. Consequently, this method presents no advantages which should lead to its adoption, except when fresh milk cannot be obtained. But under such circumstances it may be used, and is probably better than any artificial substitute that could be devised. It contains the nutritious principles of milk in the natural form, although not in the natural proportions. It would be better, however, if sugar of milk were used in its preparation, instead of cane sugar.

A second class of alimentary substances which have been used in the artificial feeding of infants comprises various mixtures, so prepared as to contain the same proximate principles in the same proportions as are found in milk. The idea originated with Liebig, who wrote a book† advocating the use of his "food for infants," which was prepared upon the principle just stated. All subsequent preparations of this class are but imitations of his, and do not differ materially from it. We may, therefore, take Liebig's food as the type of this class. The method of preparing it is as follows: Take half an ounce of wheat flour, half an ounce of malt flour, and seven and a quarter grains of the crystallized bicarbonate of potash, and after well mixing them, add one ounce of water, and lastly, five ounces of cow's milk. Warm the mixture, continually stirring over a very slow fire, until it becomes thick. Then remove the vessel from the fire, stir again for five minutes, put it back on the fire, and finally let it boil well. It is necessary that the food should form a thin and sweet liquid previous to its final boiling. Before using, it requires to be strained through a muslin or fine hair sieve, to separate fragments of husk that may be present. The bicarbonate of potash is added, to neutralize the acid reaction of the two kinds of flour, and also to raise the amount of alkali in the food to the equivalent of that in human milk. The ferment contained in the malt leads, during the exposure to the warmth employed in the process of preparation, to the conversion of the starch of both the flours into dextrine and sugar, the latter of which gives the sweet taste that is acquired. The solubility of the newly formed products accounts for the mixture becoming thin, and it is a point contended for by Liebig, that principles in this state tax the digestive and assimilative powers of the infant much less than starch. This food has been extensively used in Germany, and has had numerous advocates in this country. But the claims advanced in its favor are far beyond its real merits. If we examine its composition we shall find that out of seven parts of the mixture, five consist of cow's milk alone and one of water. The remaining seventh is composed of wheat flour and malt flour made from barley, both of which consist almost exclusively of starch. During the heating of the mixture, the ferment contained in the malt produces a chemical change in the starch, whereby the latter is converted into dextrine and glucose, or grape sugar. Speaking of dextrine, Pavy* says, "Being readily convertible, in the same manner as starch, by some of the digestive secretions, into sugar, it is probable that when it happens to be consumed it is transformed into sugar and in that state absorbed." So that the wheat flour and the malt flour are merely the equivalents of so much sugar added to the mixture. The bicarbonate of potash has no value as a nutritive substance, as it passes out of the body unchanged and does not contribute to its formation or preservation. To sum up these, we have in the mixture five parts of milk, one part of water, and the equivalent of one part of sugar. In what respect does this differ from the diluted and sweetened cow's milk that has always been used in the artificial feeding of children? It is only a clumsy and roundabout way of arriving at a result which may be directly reached by the simplest of methods. It presents no advantage, either in point of digestibility or of nutritive value. On the contrary, it clogs the stomach with a foreign substance, dextrine, and throws upon the alimentary canal the additional labor of converting this substance into sugar before it can be absorbed. The use of it compels the system of the child to manufacture out of the raw material the food which nature with a more generous hand furnishes ready made.

A third class of alimentary substances used as

* "Food and Digestion" page 178.

† "Food for Infants:" London, 1867.

* Op. cit., p. 106.

food for infants consists of starchy and farinaceous preparations, in almost an infinite variety of forms. In this class must first be placed the various kinds of flour made from the cereal grains. Why these should be recommended by writers upon the hygiene of infancy it is difficult to conceive, since they possess not a single property in common with the food which nature provides. They all consist largely of starch, a substance which does not exist in milk, and which the stomach of the infant is not capable of easily digesting. The nitrogenized elements are in the form which is least susceptible to the action of the digestive fluids, while the proportion of fatty matter is so small as to practically amount to nothing. The following table, from Letheby,* will sustain these statements:—

	Nitrogenous Matter.	Carbo-hydrates.	Fatty Matter.	Mineral Matter.	Water.	Carbonaceous to one Nitrogenous.
Wheat Flour..	10.8	70.5	2.0	1.7	15.0	7.0
Barley Meal...	6.3	74.3	2.4	2.0	15.0	12.8
Oat Meal.....	12.6	63.8	5.6	3.0	15.0	6.2
Rye Meal.....	8.0	73.2	2.0	1.8	15.0	9.8
Indian Meal...	11.1	65.1	8.1	1.7	14.0	7.7
Rice	6.3	79.5	0.7	0.5	13.0	12.9

To this class also belong the various proprietary preparations, called "infants' food," with which the market is flooded, and which are usually sold under some high sounding name, which is as meaningless as it is fanciful. Pepsinated nutriment, papoma, Ridges' food, semolina, maizena, and a host of others, are samples of this class. Wonderful virtues are claimed for all of them, but a most superficial inspection will show that they are simply farinaceous preparations made from the cereal grains. Hassall† analyzed fourteen such preparations, purchased by him in the London market, and found that ten of them consisted of wheat flour, two of gluten mixed with a little starch, one of bean flour and arrow root, and one of rice flour. Their nutritive value may be readily judged of from their composition. A third variety of food of this class consists of preparations composed wholly of starch, such as tapioca, arrow root, sago, cassava, tacca and salep. These substances possess no nutritive value beyond that belonging to starch. They contain no nitrogenized matter, no fat, no sugar, no salts. They are even further removed from milk in their composition than are the cereal preparations. And yet they are extensively used as a desirable food for the infant, and are even recommended by eminent writers upon the treatment of diseases of children.

In order to fully appreciate the exact nutritive value of the substances of this class, it is necessary to understand the position held by starch as an article of diet. Starch is a principle which, so long as it retains its own form, is incapable of undergoing absorption into the circulation. By the processes of digestion it is first converted into dextrine, which has only a very brief existence, and is immediately converted into sugar, in which form it admits of ready absorption. There are three digestive fluids which are capable of converting starch into sugar, namely, saliva, pancreatic juice and the intestinal fluid. As saliva does not exist in the infant, according to Pavy,* previous to the eighth month, it may be left out of the question entirely. In order that starch may be converted into sugar by the action of the pancreatic and intestinal fluids, it is requisite that it should first be disintegrated and broken up, and a prolonged contact with those fluids is necessary in order to accomplish this result. Even under the most favorable circumstances, the whole amount of starch ingested is never converted into sugar, but portions of it are always to be found in the fæces. It is absorbed under the form of sugar, and enters the general circulation only after undergoing a metamorphosis, the nature of which is not fully understood. Its function has been clearly shown by Pavy† to be the same as that of the other hydrocarbons, namely, the production of force and heat. There are several reasons why starch is inferior to fat and sugar as an ingredient of infant's diet. In the first place, it cannot be reduced to the liquid form. The absence of teeth to accomplish mastication, and of saliva to facilitate deglutition, shows conclusively the design of nature that the food of the child should be in the liquid form during the first few months of its existence. Starch may, however, be suspended in various liquids, and the child will not refuse to swallow it, and if no other objections to its use existed, this alone would not be an insuperable one. In the second place, upon reaching the stomach it is not acted upon by the gastric juice, but retains its solid form until it passes on into the small intestine. All the constituents of

* Op. cit., page 5.

† "Food and its Adulterations," page 237.

* Op. cit., page 476.

† Op. cit., page 107.

milk are reduced to the liquid form in the stomach. Even casein, which is at first coagulated by the gastric juice, is soon redissolved into albuminose. The albuminose envelopes of the fat globules are dissolved and the fat set free, and thus the contents of the stomach take the form of a bland liquid. But if starch be present, it is not to be dissolved, but goes scraping its way over the delicate and sensitive mucous membrane of the pylorus and duodenum, producing spasmodic contractions of the irritated circular muscular fibres and causing the child to cry with pain. Upon reaching the pancreatic and intestinal fluids, several hours are required for its disintegration and conversion into sugar, to fit it for absorption. Letheby* says that "starch will pass a considerable distance along the alimentary canal without much change, and it is only toward the end of the small intestines that the starch granules undergo marked disintegration." But nature never intended that the food of the child should remain in the small intestine for so long a time. The instinct of the infant leads it to seek its food about once in two hours, and before the starchy contents of one meal are absorbed a fresh burden is thrown upon the digestive tract, and thus the undigested material accumulates, until the intestine is emptied by the occurrence of diarrhœa.

But even if starch were a desirable form in which to administer carbonaceous food to the infant, the proportion of this element contained in the farinaceous preparations of this class is far in excess of that required by the system of the child. In milk the proportion of carbonaceous to nitrogenous material is as three to one. In the cereal grains it varies from 6.2 in oat meal up to 12.8 in barley meal. This excess constitutes so much waste of alimentary material which the system is compelled to dispose of, and from which it derives no benefit. In infancy the vital processes are chiefly directed toward developing the various organs and increasing the amount of the various tissues of the body. Almost the only force to be produced is that which is employed in carrying on the various vital processes, such as circulation, respiration and alimentation. The increase of the child in weight during the first year of its life is very rapid, and to accomplish this increase an adequate proportion of nitrogenous food is required. But in the starchy substances named above the nitrogenous matter constitutes only about 12 per cent. of the material, while in milk it forms 30 per cent. The human system also requires a certain amount of fat as an ingredient of its food. Besides its principal function of producing heat and force, which it shares with the other hydrocarbons, it has a special function of its own. A certain part of it escapes oxidation and is appropriated as one of the anatomical elements of the body. It fills up interstices between other anatomical structures, and gives a regular and rounded form to the outer surface of the body. As a poor conductor of heat it contributes toward retaining the animal warmth. It also forms a store of force-producing material, to be drawn upon as circumstances may require. We accordingly find that in milk the fatty matter constitutes 22 per cent. of the solid material. But in the farinaceous foods, on the contrary, it constitutes only 2½ per cent. in wheat flour, rye meal and barley meal, 6 per cent. in oat meal, and 9½ per cent. in Indian meal.

As a further proof, if any were needed, that these substances are not suitable food for the nourishment of the infant, may be cited the fact that experience has shown that they can never be used alone or mixed with water, but must always be combined with a large quantity of milk. Under such circumstances the milk forms the nutritive portion of the mixture, and the flour or meal is so much superfluous material. Hammond* has shown conclusively, by experiments upon himself, that an exclusive diet of starch will not support life. Let a child be fed upon any of the starchy preparations alone, and he would die of starvation, as did the rats upon which Savory† tried this experiment. From whatever point we approach the subject, we are led to the one inevitable conclusion, that no preparation composed wholly or principally of starch is a suitable food to be used in the artificial feeding of infants.

* Op. cit., page 59.

* Physiological Memoirs, p. 112, et. seq.

† Lancet, April 4th and 11th, 1863.

STRANGULATED HERNIA, WITH FECAL FISTULA, TREATED BY A NEW AND SIMPLE ENTEROTOME AND AN ANAPLASTIC OPERATION.

BY WILLIAM A. BYRD, M.D.,
Of Quincy, Ill.

October 9th, 1878, I was called to Seehorn, Ill., to see Mr. John Lyons, a farmer, aged 55, who was suffering with strangulated hernia.

Dr. J. H. Aleshire, his family physician, gave the following history of the case: October 5th, he was called to see the patient, for what the family supposed to be cramp colic, with vomiting.

which he found upon examination to be the result of a strangulation of an inguinal hernia of the left side. The hernia was congenital, but had never before given any serious trouble; neither had a truss been worn.

Taxis not relieving him the Doctor spoke of counsel, and perhaps the necessity of an operation, to which the patient objected. The Doctor gave anodynes and returned the next day, when the symptoms still persisting, taxis was again tried and again failed. The patient still objecting to an operation. This state of affairs continuing until the afternoon of the 8th, the Doctor determined to have counsel, whether the patient was willing or not, and sent for Dr. L. H. Baker, of Payson, a surgeon of ability and experience, who, upon arriving, which was about midnight, decided that the case was almost hopeless, and the operation for his relief would be of so critical a nature as to require all the light possible for its proper performance. The Doctors concluded to wait for morning, and sent for me to assist them.

I arrived at ten o'clock, and found the patient almost pulseless, semi-comatose, with cold clammy sweat and œdematous crackling in the areolar tissue at the point of strangulation. The case looked hopeless; still I agreed with the other gentlemen in advocating an operation. Dr. Baker, himself an old and skillful operator, insisted upon my performing the operation, which I did.

When the sac was opened it contained extravasated fæces, a mass of gangrenous omentum, and eight inches of gangrened intestine, that had separated for nearly half its diameter, both above and below. There were slight adhesions above the line of demarcation. The omentum was pulled down and ligated *en masse*, just above the mortified portion, which was cut off, and the long ends of the ligature were left hanging out of the wound.

The gangrenous portion of intestine was cut off at the lines of demarcation, and the healthy ends stitched into the opening in the abdomen, which was two inches and a half in length, the lower and inner end with three and the upper with two sutures.

As a portion of the contents of the bowel unavoidably entered the abdominal cavity, it was cleaned out as well as possible, and the two ends of the bowel were not stitched to each other, that an opening might be left for drainage and the withdrawal of the ligatures that were applied to the omentum. When the operation was ended his pulse and other symptoms were better.

Dr. Aleshire continued in charge of the case, and washed out the wound and the cavity of the abdomen in its vicinity, night and morning, by injecting a solution consisting of a teaspoonful of table salt and a teaspoonful of carbolic acid to the gallon of water.

The patient made a rapid recovery, being put upon good diet, opium, cinchonidia and whisky, for after treatment.

December 26th, 1878, he came to this city to enter St. Mary's Hospital, for the purpose of having an operation performed for the closure of the fecal fistule. The discharges rendered him disagreeable to himself and loathsome to others.

At the time of the operation for the relief of the strangulation he was very thin of flesh, and had been suffering with malarial diseases for four years. When he came to the hospital he had entirely recovered his health and gained forty pounds in weight.

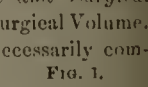
A crest-like septum existed between the openings, about a quarter of an inch thick. The mucous membrane prolapsed or rolled out, making the combined openings appear to be two and a half by four inches in size. Over this he wore compresses, to restrain the passage of fecal matter, and catch it when it did pass.

The upper opening passed inward, upward and backward, and the lower passed inward, parallel with the upper for about two inches, and then turned across the body to the caput coli.

I had read Dr. David Prince's article upon closure of artificial anus, in the October 1869 No. *American Journal of the Medical Sciences*, p. 412, *et seq.*, and liked his idea of very gradual pressure to procure adhesive inflammation and an opening through the septum between the intestines, better than anything I could find in the various works on surgery, including the exhaustive disquisition in the *Medical and Surgical History of the War*, part second, Surgical Volume.

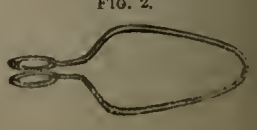
Dr. Prince's instrument is unnecessarily complicated, and could be made much simpler and just as effective with a single piece of spring wire, as in Fig. 1.

Fig. 1.



His experience of the septum uniting behind the ligature as it cut through decided me to use an instrument that would take out a round or elliptical piece, as do the enterotomes of Delpech, Gross and Lotz, with the advantage of light elastic pressure, as in Dr. Prince's instrument. Such an instrument I succeeded in devising and constructing, with Dr. Aleshire's assistance, out of a

Fig. 2.



piece of steel wire, such as is used for bed springs. See Fig. 2.

This instrument we applied by passing a prong down each of the ends of the bowel, for an inch and a half, and permitting it to clasp the septum, December 26th, 1879, at 3 P.M. Fourth-grain doses of morphia were ordered every hour, to allay pain, if necessary.

The next morning the Sister in charge informed me that there had been so little pain that two powders subdued it.

29th, I slipped an elastic strap over the arms of the enterotome, so as to increase the pressure.

January 2d, the fenestrated rings had cut through, and he had a passage per rectum in the morning, the first since the 5th of October.

The bridge of tissue was destroyed by passing an elastic cord through the opening made by the enterotome and tying it tightly over a gallows erected upon a tin disk with a hole through the centre, as in Dr. Prince's operation, which took three days longer.

A flat piece of lead, one-fourth of an inch in thickness, and large enough to cover the opening, was adjusted as a pad to a spring truss. Owing to this pressure the opening rapidly decreased, until about one-half its former size, and most of the fæces passed through the rectum.

January 31st, the opening ceasing to decrease in size, and the septum seeming to come nearer the surface, by contraction, and to stand up for three quarters of an inch between the ends of the bowel, offering a greater obstruction to the passage of the fæces from above downward than it did immediately after it was first divided, I re-applied the enterotome to the projection. It cut through as before, and was removed, February 4th, when, with the assistance of Dr. Jacob A. Wagner, I applied the galvano-cautery to the outer edges of the opening, to induce contraction.

February 15th, there having been very little contraction, with the assistance of Dr. Wagner, I freshened the edges of the opening with a knife and united them with iron wire sutures. The next morning I found him suffering great pain, from the fæces distending the bowel and exuding between the sutures. My friend, Dr. M. Rooney, being at the hospital earlier than myself, had given him some relief with a hypodermic injection of morphine. I cut the sutures and allowed the fæces to escape freely, which gave immediate relief.

Having failed to effect a closure of the fistule by that simple operation, I devised the following method, and with the assistance of Mr. Joseph Hollybush, a medical student, made the operation, February 7th. By catching the integument into a fold on either side of the fistule, the tops of the folds could be easily brought together over the fistule. An incision was made along the top of the folds, down to the areolar tissue, and continued entirely around the fistule: this incision was about three-quarters of an inch from the fistule. Two iron wire sutures were then passed three-quarters of an inch back from the incision, emerging through the incision, crossing the fistule and integument, and entering the incision on the opposite side, and coming out of the skin three-quarters of an inch from its point of entrance into the incision. See Fig. 3. *A* is the fistule, *B* the surrounding incision. A Bozeman shield and shot clamp being placed upon one end of the wire and tightened, and traction made on the other end, the folds would be reproduced, and the skin next the fistule, having its edge turned, in or inverted, would bring nearly an inch of fresh, raw surface in apposition all around the fistule. Fig. 4 shows a cross section after the stay sutures have been tightened. *A*, caliber of the bowel, with the inverted skin pointing in, in a V shape. *B*, skin external to the incision, brought together with a suture.

Fig. 3.

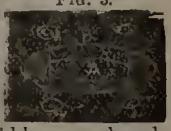
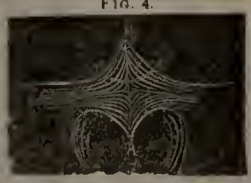


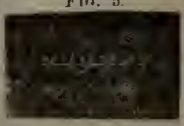
Fig. 4.



Examination of this figure will show that the fæces, in passing downward, would not act as a wedge to tear open the wound, as in any other mode of closure, but coming up on both sides of the V-shaped projection, they press the raw surfaces together, contributing to their adhesion, while the shape of the projection causes it to act as a valve, to prevent the escape of the fæces.

Fig. 5 represents the parts after the stay-sutures are tightened and the edges of the external skin have been united with interrupted sutures.

Fig. 5.



Union by first intention occurred throughout, except a portion of the inner end, leaving an opening the size of the end of the little finger, which gradually decreased until it was not larger than a small lead pencil, and permitted no fæces, unless very fluid, and a little gas, to escape.

Discharged February 8th. The patient, when discharged, had a morbid fear that the opening would close entirely up, thinking that if it did he would die. I do not know that it has entirely healed yet, but fear he has prevented it, from

not understanding the condition of affairs. I think I would have secured union throughout from my last operation, if there had been three stay-sutures used instead of two.

Dr. Frank H. Hamilton, in his valuable work on surgery, states that about three out of five die that are operated upon for strangulated hernia, which seems like too great a per cent., and permits such statements to be made as, "Dr. Druitt has justly observed, ovariotomy need not fear to be judged by such results as these, which are far more favorable than those after the larger amputations, and after herniotomy and lithotomy in the adult." *Medical Press and Circular*, June 18th, 1879, p. 489. Personally I do not think I have the right to draw a comparison between ovariotomy and herniotomy, as I have performed ovariotomy but once, and that one successfully. In the last five years I have performed herniotomy twelve times, with three deaths; of the patients that have died one was eighty-seven, another seventy-six years old, and the other one in the last stages of consumption. Two of those that recovered were over seventy years old. Such good results I attribute to early operative interference, and in an article contributed to the Richmond and Louisville *Medical Journal*, for January 1877, entitled, "When to Operate for Strangulated Hernia," I insisted upon the safety of the patient in the great majority of cases being greater the sooner the operation, after a short taxis fails to reduce.

Bryant recommends that taxis be tried for five minutes, and failing, that herniotomy be immediately resorted to. Although this may seem like hasty practice, it is infinitely superior to long continued taxis, frequently so forcible as to cause peritonitis or reduction *en bloc*, followed by the death of the patient, leaving the operator but one consolation, that the mischief he has produced is so hidden that no one knows it, allowing him to place the responsibility of the bad result upon the Lord.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF DR. R. J. LEVIS.

REPORTED BY J. F. SOUWERS, M.D.

At the last clinic I had under consideration the subject of simple fractures of the femur. To-day I purpose making some remarks on compound, comminuted and complicated fractures, using for illustration the cadaver on the table, which had been the subject of such injury. Fractures are either simple, compound or complicated. A simple fracture is merely a solution in the continuity of the bone; a compound fracture is one in which there is violence done to the soft tissues, associated with perforation of the integument. When the bone is more or less splintered or broken into fragments, we class it under the head of comminuted fracture, and under the head of complicated when the fracture has penetrated a joint, or when an important vessel or nerve is implicated. These cases nearly always owe their origin to extreme violence, and the prognosis is much less favorable than that of simple fracture, owing to the injury of surrounding structures, the greater shock to the system, and the tendency to hemorrhage, secondary inflammations, etc.

In a large proportion of these cases of compound fractures of the leg and thigh, there is not only breakage of the bone, but an oblique protrusion of the ends of the fragments, which protrusions are at times very difficult of reduction. This man was the driver of a stone truck, such as is used in the transportation of large blocks of granite and marble. While driving his foot slipped, and he was thrown under the wheels of the truck, which passed over his thigh and leg; the result of this crushing and, at the same time forward moving, weight, was, as you will perceive, a compound fracture of the femur and a compound comminuted fracture of the bones of the leg; the ends of the fracture are exposed to the atmosphere, and the soft tissues are greatly lacerated. He died shortly after admission, from shock, which is one of the great dangers we have to contend against in these cases. There was little, if any, hemorrhage. The question now is, how should these cases be treated? The first rule is to reduce the fracture as nearly as may be to the condition of a simple fracture; if you find small splinters or fragments of bone in the wound, remove them, as I did in this case, before proceeding to any other measures, first having had such foreign substances as street dirt, etc., sponged away; if there be not much laceration of the soft tissues, you bring the edges of the wound together after effecting reduction of the fracture. The question now arises, how are we to effect and maintain reduction? In many cases simple extension and counter extension will be all that is necessary, but in many cases the tonicity and irritability of the muscles acting on an oblique fracture will cause a constant reprotrusion of the ends of the bones, as was the case in this fracture under consideration. We can at times maintain reduction by tiring the muscles out and overcoming their tonicity; this is effected by making constant traction on them. In the leg low down this is difficult of accomplishment, but you may attain the object by the temporary use of the stirrup bandage; or by a gaiter applied to the ankle. The former may be applied as follows: Take a bandage and pass it once around the ankle, turn it under, then carry one end down the side of the ankle, under the sole of the foot, and up to the encircling bandage of the ankle, under which it is again turned; an extension cord can now be passed through the stirrup portion of the bandage, the weights adjusted, and the temporary dressing is complete. When the fragments are forced through

an opening too small to admit of their replacement, you can pursue either one of two plans: either enlarge the opening, if that would seem to offer a favorable way out of the difficulty, or saw off a section of the bone; frequently by manipulating the integument, by means of a spatula, a spoon handle, or a smooth stick, the fragments may be returned to their proper places. In those cases where contraction of the muscles interferes with the reduction, especially when the fracture is situated low down in the leg, tenotomy may be performed, dividing the tendo-achillis.

Another expedient, where there is constant tendency to re-displacement, is the wiring together the ends of the fractured bones. This is performed by drilling a hole through the ends of the bones by means of a bone drill, and ordinary wire is then passed through these openings, the fragments brought into position and the wire tightly twisted. In those cases in which, owing to the amount of laceration, it is impossible to altogether reduce to the condition and treatment of simple fracture, we use what is known as the "bran dressing." This is applied as follows: the limb is placed in an ordinary fracture box: new, clean bran is then poured into the box and closely applied to the limb: on the torn tissues is placed the carbolized oil dressing, this consisting of nothing but lint saturated with carbolized oil; if desirable some carbolate of lime may be added to the bran. This bran dressing presents many advantages; primarily, it acts as a cushion, and effects a certain amount of pressure, which is, of course, desirable; it absorbs pus and other discharges, and in cases of hemorrhage, by its absorbent, action and consequent swelling, and extra pressure, it tends to allay the bleeding; when soiled by discharges it may be scraped away and fresh bran substituted, without the necessity of in any way disturbing the limb till the bone has reunited. This dressing has also the important merit of keeping flies from depositing their larvæ in the wound.

Editorial Department.

Periscope.

Theory of Sea Sickness.

Dr. Henry Naylor writes to the *Lancet*, August 23d, of this affection—

The theory I propose may be called the cerebral anæmic theory. The rapid swinging of the vessel, and the body with it, irritates the eyes and vision, and this, by reflex action, produces a spasm of the cerebral capillaries; this explains the feeling of faintness and giddiness that comes on suddenly, just as the vessel gives a big swing. The sudden emptying of the cerebral vessels causes the stomach to sympathize, resulting in efforts of vomiting, whether the stomach be full or empty. These symptoms are the most distressing when the subject is in a standing or sitting position, with the eyes open. If he lies down the change of position relieves the anæmia, the faintness and giddiness pass off, and the sickness ceases. But occasionally, even the recumbent position does not give relief if the eyes are kept open. When they are shut the symptoms are not felt in the least. I have known this to be the case with several ladies who were never comfortable while at sea unless they were lying down with their eyes closed. They were able to eat meals and retain them if they laid down and closed their eyes immediately afterward. In fact, I have been obliged to keep some constantly in bed, to prevent their dying of starvation. A fact that helps to show the feasibility of the anæmic theory is, that brandy and other stimulants give considerable relief for a time, which would not be the case if the cerebral congestion had to do with sea sickness. The explanation of how sea sickness continues so persistently in some is, that the sickness weakens the heart's action, and this keeps up the cerebral anæmia, and that in turn again produces the sickness; so that prolonged sea sickness is due to a circuit of causes, the one producing the other—the visional irritation, cerebral anæmia, sickness, weak heart's action.

With reference to nitrite of amyl, Mr. Leeson says, if it is to do any good, it must do so at once. This is because the medicine, being an antispasmodic, relieves the spasm of the cerebral vessel, and thus the brain is refilled with blood. But if it fails, then the persistent sickness, by its effect on the contractions of the heart, prevents the brain from getting a sufficient supply of blood, and thus the brain becomes anæmic, not from a spasm of the capillaries, but from an insufficient power of the heart. It is at this stage that alcoholic stimulants, in small doses frequently repeated, give great relief.

Physiological Experiments with Ergot.

In a monograph on this subject, by Dr. Peton, of Paris, reviewed in the *Medical Times and Gazette*, the reviewer says—

The most striking results which Dr. Peton observed, and those which appear the best ascertained, and least liable to misinterpretation, are the following: He injected ergotine at the base of a rabbit's ears. In five or six minutes both ears began to get anæmic, and the pupils to dilate: this gradually increased, and lasted several hours. Its intensity and duration varied according to the dose of ergot given. Dr. Peton next divided the sympathetic in the neck of a rabbit, and dilatation of vessels and contraction of pupil on the corresponding side followed, as usual. The ergot was then injected, as in the before-mentioned experiments; its administration was followed by anæmiation of the ear and dilatation of the pupil. The author

then, in another experiment, divided both the sympathetic and the great auricular, and when the vascular dilatation and contraction of pupil was at its height, injected ergot. The resulting anæmiation and dilatation of pupil were as pronounced as before. To ascertain the comparative effect of injecting ergot at a greater or less distance from the part at which its action was desired. Dr. Peton, after having divided the sympathetic of a rabbit on one side, injected the drug into the buttock. Anæmiation of the ear and dilatation of the pupil followed, but not to the same degree as had been noticed when the injection was made into the neighborhood of the part itself. When ergot was taken into the stomach, not only was a much larger dose required to produce an effect equivalent to that of hypodermic injection, but the result was slower and less certain. Dr. Peton concludes that the effect of ergot is not produced through the nervous system, but that it has what may be called an elective affinity for unstriped muscular fibre, acting directly upon this structure; and that subcutaneous injection is the best and most certain mode of securing its effect.

Treatment of Dysentery in Children.

Dr. Charles Bell, in the Edinburgh *Medical Journal*, September, 1879, after condemning the treatment recommended by Dr. Meigs for this disease, proceeds to say:—

The most useful treatment will be warm baths, poultices, and leeches, and small doses of calomel and James' powder, to be repeated every two hours until the fever subsides, and the bowels are gently moved, and their evacuations become more natural. If they are much tinged with blood, a few drops of the liquor ferri pernitratis, in a little sugar and water, may be given with advantage every three hours, the dose being from one drop upward, according to the age. It is only in the most extreme cases, when there is much pain, that opium should be given, and even then it should be in very small doses. If counter-irritants are to be had recourse to, which is doubtful, the most suitable are mustard poultices, or the spirit of camphor sprinkled on spongiopiline, and closely applied over the stomach. The diet should be light and nourishing as soon as the little patient shows any inclination for food. If stimulants are required, the best is a drop or two of brandy in a teaspoonful of milk, or a little port wine diluted with water.

Diseases from Insufficient Food.

Dr. Cornish, of India, observes, in a recent report to the English Government—

There are two varieties of starvation recognized by all physiologists and practical physicians. The "acute" form, in which all food is withheld, as in people shipwrecked at sea, or shut up in mines: and the "chronic" form, in which the daily nutriment necessary to the wants of the body is defective in quantity or quality. The "acute" form of starvation slays its units—the "chronic" form its tens of thousands. It is the latter form that we have to take notice of in seasons of dearth and food scarcity; but of late years a fashion has sprung up, of referring mortality that unquestionably ought to be shown under the head of "privation" or "starvation," as due to disease, and in this way attention is diverted from the real fount and origin of excessive death rates.

When the food supplies of a people are insufficient to sustain life, and all the tissues of the body have wasted, the mortality occurs mainly as a result of the feeble powers of assimilating food. After the victims of chronic starvation get into jail there is no lack of suitable and nourishing food; and if the issue of nutriment to persons in an advanced stage of chronic starvation can save life, there should be no famine mortality in jails. But experience, whether in jails or famine relief camps, tells precisely the same story, viz.: that there is a stage in the downward progress of those whose food has been habitually insufficient, from which recovery is impossible. When the powers of digestion and assimilation are impaired, diarrhœa, dysentery and dropsies set in, the symptoms of which are unrelievable by food or medicine, and death follows. The diseases resulting directly from privation have killed, in jails, more than three times the number that were cut off by cholera or other epidemic pestilence.

Treatment of Pneumonia.

Dr. S. Benton, of London, writes to the *Lancet*, September 6th—

Acute sthenic pneumonia is ushered in with one single rigor, and runs a definite course of seven days; if you can keep your patient alive until the eighth day, the prognosis is favorable. Several shivering fits are not an unusual precursor in catarrhal or broncho-pneumonia, in pneumopleuritis, and pneumonia with other complications: also these forms of the disease run a longer and different course to simple acute pneumonia.

A lowering treatment does not suit pneumonia. I have had lately under my care a large number of acute cases of pneumonia of both lungs, one of my patients being over eighty years of age. The treatment adopted, and which has proved successful, is to order them a mixture containing liquor ammoniæ acetatis and vinum ipecac. for the first two days, with a slop nourishing diet: the local measures being turpentine stupes or jacket linseed-meal poultices during this the period of engorgement.

On the third day order three ounces of brandy: on the fourth, fifth, and sixth days steadily increase the stimulant, giving it in milk and egg; also order a draught containing two grains of quinine, to be taken every four hours. Envelop the chest in cotton-wool, which is both beneficial and comforting to the patient. The quantity of stimulant ordered must be regulated in accordance with the previous habits of your patient; begin with small quantities, increasing the dose steadily up to the seventh day. Be careful strictly to watch over the nurse; everything depends upon her. If she neglects his nourishment during the nights of the sixth and seventh days of the disease, the patient is bound to slip through your fingers, especially if previously addicted to intemperance.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A paper of considerable local interest, entitled, "The Sanitary Problems of Chicago, Past and Present," appears in pamphlet form. Its author is Dr. J. H. Rauch, of Chicago.

——A historical sketch of the physicians of Dover, N. H., read before the New Hampshire Medical Society, by Dr. John R. Ham, reviews the profession in that town from 1631 to 1878. It is full of facts.

——A reprint of an article by Dr. Douglas Graham, of Boston, contains a historical sketch of massage, tracing it from the *anatripsis* of Father Hippocrates down to the *lomi lomi* of the Sandwich Islanders.

——A valuable paper, embodying much original observation, on the staining and double staining of vegetable tissues, by Dr. J. T. Rothrock, appears in the *Botanical Gazette*, September, 1879.

——In an article on "Climato-therapy of Phthisis Pulmonalis," by Dr. John Brownrigg, of Columbus, Miss. (reprint from the State Trans.), the author compares Aiken, S. C., and various spots in Florida, with some celebrated resorts in the old world. As usual, the climatic conditions are stated very incompletely, and the author at the close of his paper evidently remains uncertain as to the relative merits of the localities he discusses.

——The Annual Report of the Board of Health of the City of Pittsburgh is a well prepared document of 86 pages, with maps and colored diagrams. A feature of particular interest is a report on the outbreak of diphtheria in the city, from August 1877 to August 1879, by Dr. W. Snively. The total deaths from that disease alone in those two years were very nearly one thousand (984)! Dr. Snively considers it unquestionable that imperfect drainage and the poisonous effects of sewer gas were the main factors in the separate outbreaks he chronicles.

——The first number of the *Real Encyclopädie der Gesammten Heilkunde*, edited by Dr. Albert Eulenberg, and published by Urban & Schwarzenberg, Vienna, has reached us. The subjects are arranged in alphabetical order, and in this number extend from *Aachen* to *Accommodation*. The editor is assisted by a long list of collaborators, including many of the most distinguished names in German medicine. The work is handsomely illustrated with numerous wood cuts, and will represent the most scientific phases of modern medicine. It will be completed in about ten volumes.

——Dr. Martinez del Rio, of the City of Mexico, is an experienced obstetrican, and in a half dozen papers which he has written the reader in that department will find much to interest him. One is of a remarkable case of vaginal atresia following gangrenous inflammation at the first labor. In spite of the impossibility of intromission the patient conceived again, and section of the vagina was performed at the second labor. It was successful, and resulted in a cure of the atresia. Other of his subjects are *La raspa de la caridad uterina, extirpacion del cuello uterino por medio del cauterio actual*, and *Higiene puerperal*.

BOOK NOTICES.

A Clinical Treatise on the Diseases of the Norvous System. By M. Rosenthal, vol. II. Translated by L. Putzel, M.D. New York, Wm. Wood & Co.

On a previous occasion we have noticed the first volume of Rosenthal's work. The present one embraces anterior scleroses, hysteria and its concomitant nervous disorders, spasmodic cerebral and spinal neuroses, toxic neuroses, those associated with tremor and those connected with the sexual system, diseases of the cranial and spinal nerves, and vaso-motor and trophic neuroses. The translation is well made, and except that the advances in neurology which have been made in the last few years do not appear in the text with the prominence we have a right to expect, the work is one which the neurologist will scan with interest.

Transactions of the Southern Illinois Medical Association. Vol. I. 1879. pp. 71.

This Association was formed January, 1875, and is now stated to be "one of the largest and most harmonious bodies of medical men west of the Alleghany mountains." This first vol. of its transactions contains the minutes, an address by the retiring President, Dr. D. S. Booth, on the contagiousness of consumption, and articles on chloral, by Dr. D. H. McCord; epilepsy, by Dr. H. R. Guthrie; insanity, by Dr. J. K. Rainey; antiseptic surgery, by Dr. H. D. Hammack; and cases reported by Dr. J. G. Arnett, H. V. Ferrell, J. T. Binkley and others. The volume presents a very creditable appearance, and its contents well merit presentation in permanent form.

THE

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D. G. BRINTON, M.D., EDITOR.

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LEPROSY IN AMERICA, ITS DANGERS AND PREVENTION.

The introduction and possible spread of leprosy in America has excited the attention of the profession to some extent during the past year. There are several foci on this continent whence it may be propagated and where it already exists. Beginning at the north, there is no doubt that true leprosy has existed for generations among certain villages on the coast of New Brunswick; within the last year thirteen cases have been reported from Louisiana, by Dr. L. F. SALOMON; it has been introduced into California by Mongol emigrants: and in the island of Trindad, in a population of 120,000, there were, in 1878, 860 lepers. Dr. ROHE, in the Maryland *Medical Journal*, July 1878, estimates that at that time fifty cases of true leprosy had been observed and recorded in the United States.

The horror which this disease inspires arises from several causes: its loathsome aspect, its incurability, its foul odor, its alleged contagiousness. Its exact pathology is still undetermined, and even the apparently easily ascertainable fact of its communicability remains a debated question. Dr. ROHE is of the opinion that it is not a specific, pathologically definite disease, depending upon a known cause, but that it consists in a profound disturbance of the economy, analogous to, or more properly homologous with, cancer, beginning perhaps in the nervous system, occurring in all parts of the earth, and affecting individuals of all classes; the origin and nature of which remain for the present unsolved problems.

Dr. JOHN C. BERRY, who spent five years as medical missionary in Japan, concluded, from his observation of the disease as it exists there, that it is limited in its power, and cannot propagate itself beyond five generations, if due attention is given to the care of its victims; and further, that under certain conditions of soil and climate, combined with whatever tends to depress the vital powers, either morally or physically, it is endemic; and these latter influences play an important part in the early production of the disease in those who inherit a tendency to it. While doubting its contagious character, he believes that the evidence is ample, that it may be propagated, like syphilis, by inoculation.

The latest study of this important question of its communicability, is by Dr. W. MUNN, whose article appeared in some recent numbers of the Edinburgh *Medical Journal*. He believes there are sufficient proofs of its semi-contagious character, and states them briefly in the following propositions, which he supports by abundant evidence:—

"1. It has always spread from race to race, wherever an infected race was brought into contact, under favorable conditions, with a non-infected one.

"2. It has been and is most prevalent among those races and nations among whom the freest communication with lepers is allowed by public opinion and law.

"3. The so-called proofs of heredity commonly advanced being utterly defective, most, if not all, of the cases accepted by some authors as hereditary are best accounted for by communicability.

"4. The cases on record of probably communicated leprosy strongly support this view, and taken with the other proofs, show that the disease is undoubtedly communicable, probably only by long continual contact or inoculation, but possibly through drinking water."

A work has been published this year, by Balliere & Son, Paris, by a missionary to Trinidad, who presses very urgently the view that the disease is really contagious, in the full meaning of the term. He recognizes that it is a widespread opinion of medical observers that such is not the case, but he shows that the disease does extend, and always has extended, in a community, just in proportion as the leprous have been allowed free intercourse with the uncontaminated around them. In regard to the element of contagion, the active agent in communicating the disease, our author believes that infection takes place mainly through the agency of the respiratory passages, and asserts that the well pronounced leper exhales an odor which marks his presence, and which not infrequently leads to his discovery, and often humiliation, as in traveling in public conveyances. He says that frequently priests, in the confessional, in administering extreme unction, etc., are profoundly affected by the effluvia coming from leper patients.

The prevalence of this disease in India, where 75,000 lepers are estimated to be living, in China and Japan, the intercourse with which countries is growing yearly, in the Sandwich Islands, where a severe form is common, and in the localities mentioned in our own country, give to the study of its nature a new and appalling interest. It has been stated that it is essentially a disease of insufficient nutrition, and that a well fed race could not suffer much from it; but this is more than doubtful, and the experience of modern times coincides with that of that ancient lawgiver, "learned in all the wisdom of the Egyptians," who ruled that absolute isolation of the affected is the only safeguard to a community when this dreaded malady once shows itself, and who in the Pentateuch has left us a monument full of information and sound advice on this, as on so many other subjects which most intimately concern the destiny of man. It may be long before we in the United States shall have occasion to resort to this terrible measure; but it may be near: and in any case we should be clearly aware of our duty in the premises.

Notes and Comments.

Therapeutical Notes.

INFLAMMATION OF THE EYES.

R.	Morph. sulph.,	gr. iij	
	Zinci sulph.,	gr. ij	
	Aq. dest.,	℥ j.	M.

Sig.—Apply two drops directly to the eye every three hours.

Of the above Dr. J. E. Horn says, in the Cincinnati *Lancet and Clinic*—

I have used this prescription a number of times in acute and subacute inflammations of the eye, and always with good success. I have used many others, but not with so great a degree of success. In fact, I have never used a remedy that gave me so great satisfaction, unless it be quinine in affections of a malarial origin.

ERGOTINE IN PROLAPSUS ANI.

Dr. Vidal recommends injection of a solution of ergotine for this purpose. The *Paris Médical* mentions three cases in which this method was employed. In one of these the prolapse, which had existed for eight years, yielded to the treatment in three months. In two other instances the cure was much more rapid. A woman under observation at the St. Louis has been almost entirely cured by three injections. The contractions produced by the introduction of ergotine extend, as a rule, to the bladder, and give rise to spasm and dysuria.

CHLORATE OF POTASH IN EPITHELIOMA.

A writer in the *Lancet* says: In epithelioma a *saturated* solution of chlorate of potash forms an excellent application. This was first recommended by Ledeschi, in 1845, and has since been experimented with by Bergeron, Le Blanc, Blondeau, Féréol and others. Miton and Cooke published the first two cases of cure by this means in man; there is, therefore, nothing new in the treatment, but I wish to insist upon the fact that it is serviceable. A few weeks since Professor Broca showed me a patient with an epithelial growth surrounding and involving both lips, which had been modified most satisfactorily by saturated chlorate of potash solution dressings.

PRESCRIPTION FOR SPERMATORRHŒA.

The New York correspondent of the Chicago *Medical Journal and Examiner* sends to that journal the following prescription for spermatorrhœa:—

R.	Tr. humuli	40	c.c.
	Tr. camph.	30	c.c.
	Tr. opii.	10	c.c.
	Syr. tolu, q. s. ad.	100	c.c. M.

Sig.—4. c.c. at night.

Of this he says: It was given me by Dr. W. C. W. Glazier, Assistant Surgeon Marine Hospital Service, and has had much endorsement, some of it very strong and rather amusing.

KINATE OF QUININE, HYPODERMICALLY.

For hypodermic use, Mr. Collier, of Guy's Hospital, recommends—

R.	Quiniæ kinatis,	℥ vj	
	Aquæ destil.,	℥ ij.	M.

Heat until the salt dissolves, then fill up with water to f. ℥ j.

This solution is perfectly neutral, but requires attention, that the kinate does not become precipitated. It is soluble, and by heating will readily redissolve.

Quinine in Delirium Tremens.

The value of very full doses of quinine in those cases of delirium tremens where the vigilance continues in spite of large doses of anodynes, is well illustrated in a case reported by Dr. E. F. Waller to the Louisville *Medical News*. The patient had taken *twenty-four* grains of morphia, besides large quantities of chloral and bromide of potash, but the vigilance and delirium continued. It was at this critical stage of the trouble that Dr. Waller recalled to memory the recent reports of the sedative effects in typhoid fever of large doses of the sulphate of quinia. He accordingly gave the patient forty grains, with capsicum added, and left him in my care. Soon his manner began to change, and at one o'clock (three hours after the first dose was given) he repeated the quinia, and in less than fifty minutes the patient was sleeping. He slept six and one-half hours, waked, resumed his sleep the next afternoon, slept well the following night, and regained his former mental balance.

Digitalis in Typhoid Fever.

Some praise of this treatment is awarded by Dr. W. T. Chandler, in the *American Medical Biweekly*, August 30th. He observes—

"There is a remedial agent that is sometimes of signal service in the treatment of typhoid fever; I allude to the *digitalis purpura*, the physiological effects of which have been rendered famous by the original experiments of Fothergill. The action of digitalis is to decrease the frequency of the heart beat at the same time that it augments the power of the cardiac systole. It is only indicated when the heart's action is feeble and frequent. It may be given either in infusion or fluid extract: the dose to be regulated by the effects in individual cases, to be determined alone by its influence over cardiac action. The late Dr. E. T. Easley, in an essay upon the use of "Digitalis in the weak heart of continued fever," speaks advisedly as to its efficacy in the later stages of typhoid fever, in controlling irregular and enfeebled action of the heart."

The Development of Ergot.

At the last meeting of the British Pharmaceutical Conference, Mr. W. W. Stoddard detailed some novel observations on ergot in the rye grass, *Lolium pratense*. It was first brought to notice by the fungus affecting ewes and lambs which fed upon it.

The deductions from this investigation were

1. That for medical purposes and for pharmaceutical preparations in the greatest activity ergot ought to be collected in the months of August and September.

2. That ergot attains its greatest intensity at the close of the "vegetable" growth of the fungus.

3. That the medicinal properties of the ergot lessen and begin to disappear as soon as the fructifying period commences.

4. That the growth of the fungus on the *Lolium* appears to be identical, both microscopically and chemically, with that of the rye itself.

Analysis of Chlorine.

Scheele, the discoverer of chlorine, supposed it was a compound body, and only when all attempts failed to decompose it, was it placed among the elementary bodies. Recently Prof. Victor Meyer, of Zurich, has succeeded in separating it into other constituents. He uses an extremely high temperature, 1570° Cent. and the manipulations necessary to testing under these conditions are as yet so imperfect that he has not been able to say whether the resultant is oxygen or some other element. He submitted to the same temperature oxygen, sulphur and quick silver, but they underwent no alteration. Iodine behaved like chlorine, showing itself to be a compound body.

Nervous Symptoms of Uterine Disease.

An interesting illustration of the close etiological relationship which sometimes—more frequently, perhaps, than is usually remembered—exists between uterine and nervous disease, was lately brought before the Chicago Medical Society. Dr. Bartlett related a case of Dr. Mary Thompson's. A woman suffering from cervical

laceration became the subject of epileptic seizures, and finally had in one day six or eight of these attacks. The Doctor operated in the usual way, and the patient had now had but one fit in three months.

Simaruba Bean as an Antiperiodic.

A French physician, Dr. Coignard, who practiced in Costa Rica, reports that the natives use the bean of the *simaruba ferruginea* as an antiperiodic, cutting the bean into small pieces, the size of a pea, which the patient swallows between the attacks (*Allg. Med. Cent. Zeitung*, August 27th).

The bark of the simaruba, which is officinal in the United States Dispensatory, is a simple bitter tonic, and quassia, which is derived from another tree of the same species, also possesses no specific properties.

Correspondence.

Case of Dropsy.

Ed. Med. and Surg. Reporter:—

I have a case on hand which I wish to report in your journal, for two reasons: first, the repeated aspirations or "tappings;" and secondly, the immense quantity of water drawn by the above means within a specified time, the patient during the principal part of the time able to sit up, walk about the house; and also occasionally visit and attend church. My friend, Dr. Garretson, of Macomb, used the trocar and canula at seven successive sittings, averaging once in three weeks, at each operation taking from 4 to 4½ gallons. The lady then came to me for assistance, and during the year I "tapped" her fifteen times, averaging 4½ to 5 gallons. The year referred to expired January 31st, 1879. At that time the wound made by the trocar remained *pervious*; and since that time the patient has been her own surgeon, and once in eight days' time draws regularly about 2 gallons of water, introducing the canula through the wound remaining open.

We have kept a correct account of water drawn since commencement, making two hundred and nine (209) gallons, having been operated upon twenty-two different times, and the remaining portion drawn by herself. We make no addition for the spontaneous escape of water from the wound during the twenty-four hours following an operation, an amount sufficient to saturate a large comfort during one night, supposed by the patient to amount to 1½ to 2 gallons succeeding each sitting.

The patient's age is about 52; she has been married 15 years: never borne children. The origin of her dropsy is *renal*. The operations were begun March or April, 1878, and the last one, January 31st, 1879.

She is still living; able to sit and walk around the yard and house; but the anasarca, which previous to the present fall season has only shown in her feet and legs, is now becoming general. Have *tried* many remedies, but none appeared to have a beneficial effect.

Any suggestion by your readers will be thankfully received. J. W. Donnally, M.D.

Doddsville, Ill., Oct. 9th, 1879.

Three Cases of Diabetes.

Ed. Med. and Surg. Reporter:—

I was called, September 12th, 1876, to P. P., aged eighty-two, of very intemperate habits, who was suffering from diabetes insipidus. He was very much emaciated, appetite ravenous and with a constant thirst. He passed from sixteen to twenty pints of water in twenty-four hours. He had been treated by several physicians, but had received no benefit. I put him on the following, which entirely cured him in fourteen days, and with tonic bitters he fully regained his former health:—

R.	Tinct. ferri sesquichlor.,	℥ ij
	Tinct. opii,	℥ iss
	Quiniæ sulph.,	gr. x
	Aquæ puræ,	℥ vj. M.

Sig.—One ounce three times a day.

Case 2.—I was called, September 21st, 1877, to see H. J. B., aged fifty-five; blacksmith; also of intemperate habits. He was suffering at that time with typho-malarial fever, which lasted twenty-two days, and resulted in a tedious recovery.

After he had apparently recovered, and resumed his work, he was soon forced to discontinue, from having so many calls to urinate. Some one told him he had diabetes, that it was incurable, and the old man concluded to have nothing done. He was passing from twenty-two to twenty-four pints of water a day and night. His friends finally prevailed upon him to try medical treatment, and I was sent for. I put him on the above ferruginous mixture, and the improvement was such that he was able to be on the streets in fourteen days. He complained of the bitter in the medicine, and I put him on the tinct. ferri chloride, in one-half drachm doses, and he was entirely restored in two weeks more, and is now a hale old man, and working at his trade.

Case 3.—D. G., aged forty-five; tinner; habits intemperate; called on me in June, 1878. Complained of an aching pain in the region of the left kidney, and said he would have to quit his work if he could not be cured, as he had to lose so much time to make water. I tested his urine, and found it to contain from one to two and a quarter ounces of saccharine matter. I ordered the same treatment as in Case 1, and he was so much relieved that he continued his work. The quantity of water has remained normal since the first two weeks of abatement, and as he seems in good health, I have not examined the urine since. To-day I inquired of him if he had remained well, and he says his urine is normal, except when he takes cold, then it increases in quantity, but a few doses of the medicine fully restores him to his normal standard of health.

Marion, Ill. W. H. Bently, M.D.

On Cholera Infantum.

Ed. Med. and Surg. Reporter:—

At the commencement of my professional career, twelve years ago, I lost in rapid succession several cases of cholera infantum treated according to the methods indicated in the standard medical works of that time. Soon after I saw, in some medical work published in New York city, the histories of ten or twelve cases treated successfully with small doses of bromide of potassium. I immediately began its use, and in conjunction with subnitrate of bismuth and rigid dietary regulations nearly every case since coming under my care has terminated in recovery. The subnitrate is given every three hours, in doses of five to fifteen grains, and the following formula of the bromide is used:—

℞. Potassii bromidi, gr. xvj
Aquæ destillatæ, unciam,

Sig.—Coch. min. quaque hora sinnen deun.

If the child has not been weaned, the diet of the mother is carefully regulated. She is restricted to toasted bread, a little milk or egg, with tea and coffee, if the latter are habitual.

The flour of which the bread is made is inspected, that it may be known to be good. The child is allowed to nurse only once in three hours, and the amount is diminished. Idiosyncrasies, if any, of the child are detected. Thus in one case a mouthful of chicken taken by the mother, in another two teaspoonfuls of milk from a certain cow, used in tea, acted as a cathartic upon their respective infants. The mother is directed to obtain at least eight hours' sleep daily, and to effect this the child during that time is committed to the care of a nurse. Of course, the mother is roused to nourish the child, but this being performed she is again permitted to sleep. If the infant has been weaned it is confined to cow's milk diluted with rice-water, varying the proportions according to circumstances.

The milk, if possible, is given while it yet contains the animal heat, and, of course, is milked from the cow as required. The cow now occupying the office of mother must be in good health, should be in a stable perfectly clean and ventilated, furnished with abundance of food and pure water, and in no way irritated. Rigid adherence to the above plan, modified more or less by circumstances, has, as above stated, been uniformly successful for the past ten years, and being so long continued cannot be attributed to good fortune, neither to climate, as it has been equally successful in New England, Virginia and Kansas. The disease I understand to be cholera infantum is described by Austin Flint as follows: "A child is seized with vomiting and purging, the latter usually occurring first; the acts of vomiting and purging are violent and frequently repeated; after the contents of the stomach and bowels are expelled the evacuations consist of secreted or transuded liquid, in more or less abundance. * * * If the course be unfavorable the vomiting and purging continue: the child is tormented with thirst, but everything is rejected from the stomach; great prostration ensues, collapse follows, and death takes place in one, two or three days. In some cases the attack eventuates in a chronic affection, accompanied by diarrhœa and occasional vomiting."

The etiology of the disease I believe to be improper food prior to dentition, with heat as the lesser factor. To feed an infant solid food before it has teeth with which to masticate is a violation of a law of nature, and will be surely punished, and if the penalty fell upon the parents only it would be well. To test this matter, let any number of infants be confined strictly to the breast, and the diet of the mothers carefully regulated. Let an equal number be reared in the ordinary way, viz., nursed some, fed, now bread, now pickles, with an occasional piece of salt pork, etc. I should expect the cases of cholera infantum to all occur in the latter class. Three children of my own have passed from the period of birth until after dentition with no other nourishment than breast milk, the eruption of the teeth causing no more disturbance than the growth of the finger nails, and at no time was there a symptom of cholera infantum. A portion of the infancy of one was during a Kansas drouth, the temperature being most of the time at about 110°. An experiment of this kind, to be of value, should undoubtedly be of much greater extent. It is difficult, however, to find mothers who will not feed more or less.

W. T. Donnell, M.D.
Stockton, Rooks Co., Kansas.

Effects of Cold Enemata.

Ed. Med. and Surg. Reporter:—

I was very much interested in reading the article headed "The Anti-febrile Effects of Cold Enemata," in a recent number of the Medical and Surgical Reporter. I have been using *cold* water clysters pretty extensively, in some forms of disease, the past year, with excellent results, and perhaps my limited experience and observation may benefit others.

In a country practice we cannot take accurate observations as readily as they can in hospitals, still we can see the benefits and results just as well, though not so accurately.

Last July I had a severe case of remittent fever, with bilious diarrhœa; I prescribed the usual treatment in such cases, but ordered a cold water clyster, about six ounces, after each discharge, or every two or three hours.

On my next visit the patient informed me the cold clyster arrested the diarrhœa, but he had the clyster continued; he said it had such a nice, cooling effect, and kept him from drinking so much water.

My next case was diarrhœa, in a patient who had typhoid fever. In this case I prescribed four ounces cold water, sulph. zinc, gr. five, tr. opii. ℥ ss, to be used every four to six hours. This injection not only controlled the diarrhœa, but the opium had a better effect upon the general system than if taken by the mouth.

I would further say that, as a general rule, any medicine per enema has a speedier effect upon the system than when given by the mouth, but the rule is to give just double the quantity.

During last July and August eight or ten cases of dysentery came under my treatment, mostly

all adults, and nearly all were severe cases. Three of the cases were taken rather suddenly, and very severe, passing blood in the discharges freely, and each one informed me on my first visit they could not live unless relieved. In addition to the usual treatment in such cases, I ordered six ounces of cold water clyster after each discharge. But every six or eight hours I would add hydrate of chloral, half a drachm to the clyster, to subdue the pain and tenesmus, which would give the patient a few hours' rest and sleep. Sometimes I would alternate with fluid extract of hyoscyamus, half a drachm.

I do not like opium in any form in dysentery, as it has a tendency to arrest the secretions, while the above will not, and yet give the desired rest. In some cases, if I wanted to give immediate relief of pain and tenesmus. I would use hypodermic injection of cold water in the arm, which would invariably give immediate and prompt relief.

In all those cases I would use the cold clyster throughout the disease until cured, and some of the patients would inform me that the cold water thus used was what cured them.

From my observation and experience I deduce the following facts:—

1. Cold water clyster assists to cure.
2. It is cooling and refreshing to the patient.
3. Where there is much febrile excitement it lowers the temperature.
4. It also acts as a sedative to the circulation of the blood and allays thirst.
5. It also acts as a tonic and stimulant to the rectum and colon.

In conclusion, I would not willingly undertake a severe case of dysentery or diarrhœa in typhoid fever without the use of cold water clysters. A fair trial will demonstrate its good effects.

JOHN A. HENNING, M.D.

Red Key, Jay Co., Ind., Sept. 16th, 1879.

News and Miscellany.

Statistics of Age.

From some statistics collected in a Berlin paper, as to the duration of life, and especially as regards the proportion of the population which reaches an extreme old age, it appears that, for its population, Greece possesses the greatest number of very old people (ninety years and upward), albeit it is one of those countries where, on the whole, old people (sixty years and upward) are relatively few. France takes the lead with respect to old people generally, but it has the small proportion 0.04 of the very old. Germany and Spain show the smallest number (0.03 and 0.02) of the very old people. Austria-Hungary is something better. There are no statistical data of sufficient accuracy for the Russian Empire, but M. Leroy-Beaulieu is of opinion that the number of persons in Russia who are sixty years old and upward is about forty-five in every thousand. Omitting Russia, Turkey, and some other small States, there are about 18,000,000 persons in Europe of the age of sixty and upward.

Personal.

—Dr. Rosa Welt, a young lady of Vienna, has been appointed assistant to the chair of Ophthalmology in Bern.

—Dr. Seth Williams, of Portland, Maine, died recently, of heart disease. He was a young and promising member of the profession.

—Dr. James C. Copland, author of the abridged edition of Copland's *Medical Dictionary*, died recently. He was a literary man of extensive erudition.

—The death of Mr. Pye Henry Chavasse is announced. He was born in 1810, and spent his professional life in Birmingham. His name is associated with various popular medical works, dealing with maternal cares and duties, numerous editions of which have been published in England and this country, and whose usefulness is furthermore exemplified by their translation into nearly every European language and also into several of the languages of Asia. For some time the exact nature of the disease under which he labored was obscure, but the symptoms pointed toward cerebro-spinal sclerosis, and a post-mortem examination revealed the existence of that lesion.

The Cholera in Japan.

Within the last two years there have occurred over 100,000 cases of cholera in Japan, with a mortality of about 50 per cent. Dr. D. B. Simmons, of Yokohama, writes of the epidemic—

"The type of the disease is rather peculiar, so that some foreign physicians denied for some time that it was cholera. Vomiting and rice-water evacuations were not seen in more than half the cases, if in so many; the stools were often yellow, or green and slimy. I have seen a large number of cases, but most of them have passed into the stage of collapse. The diarrhœa in the fatal cases is not often severe, but suppression of urine comes on early, followed by death in from eight to twenty-fours. I have used jaborandi and pilocarpin in many cases, and have brought on the secretion of urine frequently when the cases were not too far advanced. The reaction, when produced by these drugs, seemed less likely to be followed by secondary fever than when stimulants were used."

The Yellow Fever.

The continued mild weather in October was favorable to the persistence of the fever. From six to twelve new cases daily have been reported from Memphis, with a high mortality. There is serious talk of abandoning the city and choosing another site five miles distant. A number of cases have occurred at Hopefield, opposite Memphis, and at Centerville, La., up to the middle of the month there had been reported sixteen cases, with six deaths.

—Ten persons died in a small village near Breslau, in July, from eating poisonous mushrooms.

Items.

—A cremation society has been organized at Rome.

—The German physicians are complaining, like ourselves, of the abuse of clinics and dispensaries by well-to-do people. A Berlin medical paper says it is no uncommon thing to see patients well dressed, with gold chains and watches, among the applicants for gratuitous medical attention at these charities.

—A Doctor at Hot Springs, Ark., who insisted on employing drummers to get him patients, contrary to an act now in force there, has set forth his woes in a petition to the Circuit Court there. The richest part of the petition reads as follows:—

"That this course of the defendant and its officers is designed to paralyze, and will paralyze, if continued, all enterprise and competition in the practice of medicine."

—Berlin papers report two curious cases operated on recently at Langenbeck's clinic. One was the removal of a phosphatic calculus which almost filled the bladder and weighed nearly 20 oz. (600 grams). The other, still more singular, was the removal of a third ear, which grew from the cheek of a boy just in front of one of his proper ones. It was well formed, but was, of course, unconnected with any auditory apparatus.

—The Boston *Medical and Surgical Journal*, October 9th, says: "We regret to be obliged to announce that at a meeting of the councillors, held on October 1st, it was voted to admit women to the Massachusetts Medical Society. The report of the committee to whom was intrusted the investigation of this question was unfavorable to their admission as members, but a minority report was offered and substituted for it." We doubt if the regret will be generally shared by the profession.

OBITUARY NOTICES.

Dr. F. J. Le Moyne

Died at Washington, Pa., in his 82d year, last week, and in compliance with his request and directions in his will, his body was consumed in the crematory furnace he erected several years ago. He was the first to introduce this method of disposing of corpses in the United States, and his own was the third cremated in this country. Dr. Le Moyne was of French birth, and of strong sympathies with advanced thought. Previous to the war he was a warm abolitionist and an earnest member of the Presbyterian church, but when many members of that faith declared that the Bible sanctioned slavery, Dr. Le Moyne said if that was the case their religion was false, and withdrew from the church. Later in life he became greatly interested in the doctrines of the Theosophists. His fortune is estimated at about $300,000, and he provides in his will that all bequests are void unless the heirs assent to the cremation of his body. This was punctually carried out on October 16th, the time required to incinerate the remains being six hours. The brain weighed only 43 ounces, about six and a half less than the average. Two of his children are said to have withheld their assent to the rite, one of them a physician, who had already incurred his father's displeasure by declining to cremate the body of his child. The funeral services were conducted by the Rev. Dr. Hays, President of Washington and Jefferson College.

—Dr. Eugene Peugnet, of Fordham, N. Y., was struck by a locomotive, on the New York and Harlem railroad, last week, at West Mount Vernon, and had both his feet cut off. Both legs had to be amputated below the knees. He died four hours after the operation had been performed.

—Dr. J. S. Garretson, an old resident of Bridgeton, was found dead in his bed, at his boarding house, in that city, on October 15th. He was 78 years of age, and the cause of his death was general debility.

—Dr. William H. Wilbur, a leading physician of Westerly, R. I., died suddenly, of heart disease, last week. He was Surgeon in the late war, in the First Rhode Island Cavalry.

QUERIES AND REPLIES.

Dr. R. F. C., of Texas.—For the treatment of small subcutaneous nævi, tattooing the surface with croton oil has been recommended by Dr. De Smet, of Brussels. The details of his process are given in Napheys' *Surgical Therapeutics*, page 253.

Dr. L. B. T., of O.—If you address Dr. Douglas Graham, Boston, Mass., he will give you full information on the treatment of *massage*.

Dr. S. K., of Miss.—Yes; if you will send us botanical specimens of the plant we will have it identified for you. We are always glad to aid researches into the indigenous medical botany of our country, and will cheerfully and without cost have any plants alleged to possess medical virtues correctly identified.

Sigma.—Pilocarpin has been used with some success in albuminuria; but in that attending pregnancy it is hazardous, from its ecbolic properties.

Purchaser.—Your letter was referred to the proprietor.

MARRIAGES.

HILDENBRAND—BACHMANN.—On Tuesday, Oct. 7th, 1879, at the residence of the bride's parents, 1326 North Sixth street, by Rev. A. Richter, Dr. Louis Wm. Hildenbrand and Miss Mary E. Backmann, all of this city.

TAYLOR—DRAYTON.—In Philadelphia, at St Stephen's Church, on Wednesday, October 15th, by the Rev. John K. Louis, U.S.N., John Madison Taylor, M.D., and Emily, daughter of the late Henry E. Drayton.

DEATHS.

SABINE.—In New York City, suddenly, on Saturday, October 4th, Julia Hannah, wife of Dr. G. A. Sabine.

SILL.—On October 1st, 1878, Dr. Andrew Sill, of Livonia, N. Y., aged 75 years.

TIBBALS.—In Cincinnati, Ohio, on Monday evening, September 29th, Dr. William F. Tibbals, aged 36 years.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

RELAPSE IN TYPHOID FEVER.

Delivered at the Philadelphia Hospital, Sept. 4th, 1879,

BY WILLIAM PEPPER, M.D.,

Of Philadelphia.

REPORTED FOR THE MED. AND SURG. REPORTER.

Gentlemen:—The man before you to-day presents rather an interesting phase of typhoid fever. He is a colored man, twenty-four years old. Four weeks ago he was attacked with the ordinary prodromus of a continued fever—lassitude, aching in the bones, weakness and fever, associated with the peculiar symptoms of typhoid fever, looseness of the bowels, loss of appetite and bleeding at the nose. He was seen by a physician in the city, and his disease pronounced typhoid fever. He was sent here after the disease had lasted about twenty-five days, and was then probably near the close of the attack. When first seen after his admission he had a temperature of 105°, which was probably due in large part to improper exposure and effort, and which, within thirty-six hours, ran down to 100°. We, of course, cannot determine the presence or absence of rose-colored spots, on account of the color of the skin; but whenever we find a patient with considerable continued fever and looseness of the bowels, it should always awaken a strong suspicion of typhoid fever. We have hardly any other continued fever of marked severity, and with marked prostration, in which looseness of the bowels is present. In simple continued fever we usually have constipation, and in all other continued fevers constipation is the rule. We look, in typhoid fever, for a certain course in the range of temperature, but in this case we cannot get at this. We then look for special symptoms occuring in typhoid fever—bronchial irritation and bleeding from the nose. This man has no bronchial symptoms, but he has had epistaxis. This man has had, then, without doubt, typhoid fever. A classical case of typhoid fever lasts about twenty-eight days, but many cases terminate in twenty-one days, with rapid cleaning of the tongue, reduction of pulse rate and temperature, and return of appetite. In a few cases typhoid fever terminates earlier than three weeks. You will meet with cases in which all the phenomena of typhoid fever have been well marked, that terminate as early as the seventeenth or eighteenth day.

When our patient was admitted, he was, by a mistake in the admission card, sent to the out ward instead of the hospital, and allowed to walk about for one day. He was found by the resident physician with a high temperature and looseness of bowels, and was immediately sent to the hospital. Since then his temperature, which for several days was moderately low, has rapidly increased, and last night it reached 104°. This patient has a relapse of his fever. Relapses in typhoid fever are so common that it behooves us to study them carefully. A patient may have been doing well; may have advanced several days, or even a week or two, in convalescence; then he becomes less well and a relapse sets in. You are, in these cases, to carefully study the case, in order to determine whether the patient is suffering from a relapse of his fever or from one of the sequelæ of typhoid fever. There is no disease in which there are more sequelæ than in typhoid fever.

Thus you have marked irritation of the nervous system, irritation of the bronchial and gastro-intestinal mucous membranes. I have seen ulcers on the tongue, mouth and fauces, in this disease, but they usually affect the lower part of the ileum. We have the mesenteric glands enlarged and inflamed. We find that, owing to the continued high temperature, the muscles undergo degeneration, particularly the muscles of the abdomen and of the heart. We may have, in consequence of one of these tissues becoming more irritated than usual, a complication or a sequel developed in the course of the attack. You should be constantly on the lookout for the development of these complications.

Insanity and dementia are not very rare sequelæ, resulting from the prolonged irritation and malnutrition of the nervous system. We have various forms of paralysis, from trouble in the spinal cord. Inflammation of the bronchial mucous membrane and parenchyma of the lung, ulceration of the small and large intestine, inflammation of the veins, phlegmasia alba dolens, obstruction of the femoral vein, inflammation of the periosteum, and necrosis of the bones. All these are among the sequelæ of typhoid fever.

When a patient has been doing well and the temperature going down, and we notice that the man is getting a little dull, the tongue coating and the temperature mounting up again, we may be sure that some mischief is going on. The man is about to have a return of his fever or develop one of the sequelæ. We have to decide this point in connection with our patient. This man has an accelerated pulse, a tongue foul and coated, and a return of hebetude. He may have any of the sequelæ we have mentioned. His pulse is 96 per minute; not immoderately fast. He has no cardiac murmur. He has no cough. There is perfect resonance over the whole lung, back and front. There is no pain on deep inspiration. There are no râles. We can therefore exclude pleurisy and pneumonia. There is no disease of the heart or lungs. There is no trouble with this man's bowels; they are, as yet, quiet. There is no marked degree of tympanites; the bowel is a little distended and is resonant throughout. Let me, in passing, urge you, if you are disposed to try to develop gurgling in the iliac fossa, that you will not push your finger through the ulcers in the intestine. Even if you do develop gurgling, it is worth nothing, for it is present in other diseases and also in health. The injury that may be inflicted upon the bowel by the examination is incalculable. If you do search for gurgling, do it by uniform pressure, and not by thrusting the finger into the iliac fossa.

I press upon the calf of this man's leg, but it causes no pain. In phlegmasia, one of the earliest symptoms is extreme tenderness of the calf of the leg upon pressure. This pain is due to the compression of the inflamed popliteal vein against the bone. This symptom will appear before you can detect any hardness of the vein or any swelling of the leg. There is no trace of phlegmasia here. There is no evidence of any local lesion in this case.

Typhoid fever does truly relapse. After a patient has gone through the whole course of an attack of typhoid fever, the disease may begin again and the patient have a second attack. I have seen two, and even three, relapses, in which the characteristic symptoms reappeared and ran through their entire course—the eruption, delirium, fever and purging, all appearing. These relapses do not last as long as the primary attack. They usually run their course in two or three weeks. You will find that the temperature rises more rapidly and does not present the ordinary changes met with in the primary attack. You are apt to find, in these relapses, one set of symptoms more prominent than the rest; according to my experience it is the abdominal symptoms that are usually most prominent. I explain this upon the fact that the typhoid poison causes inflammation and ulceration of Peyer's glands and of the mesenteric glands, and upon this local disease depends many of the symptoms of typhoid fever.

I believe that the eruption is owing to the ulcers in the intestine; that upon irritation of the vaso-motor nerve connected with the inflamed coat of the intestine, a reflex action is sent through the vaso-motor nerve connected with a small area of the skin, causing the congestion which we call rose-colored spots. It has been noticed that as typhoid fever passes through its course there will be repeated crops of these eruptions, and I think it is probable that these eruptions correspond to ulceration in different groups of glands. All the glands do not ulcerate at the same time, but they break into ulceration in successive crops. As each crop of ulcers form we have an exacerbation of the symptoms. Take, for instance, a patient at the close of three weeks in typhoid fever; we will find some glands ulcerated, and some only inflamed, and which may not pass on to ulceration, under proper care; but let the patient be exposed to cold, to some indiscretion in eating; the glands which are inflamed, weak, and disposed to break down, hurry

forward to ulceration, and all the symptoms of the previous attack reappear. These relapses, then, are, in my opinion, very often connected with renewed ulceration. I have seen perforation and death occur in a third relapse of typhoid fever, and the ulcers found high in the ileum, while those near the valve were almost healed.

After having excluded all local disease, we arrive at the diagnosis of a relapse, and we place the patient upon the treatment suitable for typhoid fever. We place the patient at absolute rest, and reduce his temperature as much as possible, by sponging him with cool water every three or four hours, according to the violence of the fever. We will keep him in a cool part of the ward, with plenty of ventilation. He will have an absolutely liquid diet. Considering that he is now in the beginning of the fifth week of his sickness, we will allow him more stimulants than we otherwise would—from four to six ounces of sherry: or if his strength begins to fail we will substitute brandy. He is also taking a moderate amount of oil of turpentine, five drops every three hours. This, with twelve grains of quinia during twenty-four hours, will constitute the treatment. We shall watch the progress of this case with interest.

Communications.

YERBA SANTA—OBSERVATIONS ON ITS THERAPEUTIC VALUE IN THE TREATMENT OF CATARRHAL AFFECTIONS OF THE UPPER AIR PASSAGES.

BY DR. J. C. WILSON,

Physician to the Philadelphia Hospital and to the Hospital of the Jefferson College.

The daily increasing number of new remedies, the persistency with which they are forced upon the attention of the profession, the value of some of them, as established by the concurrent testimony of numerous observers, and the absolute worthlessness of others, either in the diseases for the cure of which they are vaunted, or for any other purpose, warrant the publication, indeed, demand the publication, of the results of systematic studies of their properties, whether conducted at the bedside or in the laboratory.

During the winter of 1878–9 I prescribed Yerba Santa very frequently in catarrhal affections of the air passages, both in hospital and in private practice. The somewhat preposterous claims made for it by some who have made it the subject of communications to the journals were not realized, but its use was attended with such satisfactory results in a large number of instances, that I have come to look upon it as a remedy of great value.

Yerba Santa, *eriodyction glutinosum*, is described as a freely branching evergreen shrub, from three to six feet in height, inhabiting the mountainous districts of the Pacific slope. The leaves are petiolate, finely serrated and oblong; their upper surface is smooth and glistening, and of a rich, deep green color. It is thickly varnished with a resinous principle. The under surface is of a silvery gray. The leaves alone are used in the preparation as a medicine. This plant is said to be held in high favor as a domestic remedy among the country people of California, both Spanish and English-speaking. The former know it by the name which heads this paper; the latter call it "gum-weed" and "mountain balsam."

The remedial virtues of the plant are contained in the gum-resin which is abundantly yielded by the leaves.

It is sold in the shops in the form of a fluid extract, the taste of which is aromatic, sweetish, *intense*, and somewhat acrid. The acridity makes it disagreeable to take, and is not wholly done away with by combination with mucilage, syrups or glycerine. The dose of the fluid extract is from ♏xv to f. ʒj.

To obviate the difficulty of administration it occurred to me that it might be well given in the form of a pill. I accordingly, in November, 1878, suggested to Messrs. Blair the plan of evaporating the fluid extract to a consistency suitable for this purpose. This was found to be quite practicable, and I have since that date habitually prescribed the drug in pill form whenever possible. For those patients who are unable to swallow pills I have ordered a palatable but less efficient elixir, prepared by Metcalf & Co., of Boston. The inspissated extract has been found in all respects equal to the fluid extract, from which it is prepared.

Careful evaporation of the fluid extracts supplied by a number of manufacturers yielded an amount of solid residuum varying from 92 to 210 grains to the fluid ounce. The dose of the solid extract has usually been from three to nine grains, three or four times a day. Owing to the large proportion of gum it contains Yerba Santa is highly demulcent. It is at the same time slightly astringent; while it exerts a special action upon the mucous membranes of the upper air passages, which may be described, for want of better terms, as tonic and sedative, I have found it most useful in subacute inflammatory conditions of this tract.

In subacute laryngitis the action of this remedy has in a number of instances been extremely prompt. Patients who had suffered from previous attacks have testified enthusiastically to its efficiency. The relief of the sense of dryness in the throat, the tickling, the irritative cough, has been speedy, and the further use of the drug has speedily brought about the full restoration of the voice.

In subacute bronchitis its use is no less satisfactory. No remedy or course of treatment has seemed so useful to me in our common "winter colds," in persons otherwise healthy. That it is an expectorant, in the sense of increasing the bronchial secretion, my experience does not enable me to affirm, but of its power to favorably modify that secretion with great promptness, in the class of cases under consideration, I have had abundant clinical evidence; and it is through the change in the secretion, in part, and in part, perhaps, by reason of some sedative property of the drug, that the cough quickly yields under its influence.

There is another form of bronchitis, a form difficult to treat satisfactorily, and common in this climate, in which Yerba Santa is of great use. I mean the winter rheum of old people. It occurs in elderly persons of feeble constitution, and is quite different from the bronchial catarrh of the gouty. In this last, as well as in cases of asthma associated with chronic bronchitis and pulmonary emphysema, I have found it useless, alike in the attacks and in the intervals between them. In combination with opium and belladonna, its use has seemed advantageous in the cough of advanced phthisis. I have not used it in the earlier stages of that malady.

Its action upon the laryngeal and bronchial mucous membrane suggests its employment in some of the forms of nasal catarrh. I have not had the opportunity to verify the claims set forth for it in the treatment of these affections.

It was administered to a number of individuals affected with influenza, during the mild epidemic which prevailed during the early months of last winter. General treatment was also employed. It appeared to me that Yerba Santa had in these cases very little influence either upon the course of the disease or upon the intensity of the symptoms.

In acute inflammations of the air passages, such as are attended by pyrexia and by a good deal of constitutional disturbance, Yerba Santa is not indicated.

It has an undoubted diuretic effect. Patients in all cases report that the flow of urine has increased while they took this medicine. I have made no observations upon the influence of Yerba Santa upon other mucous membranes. It is said to be of service in the treatment of hemorrhoids, both locally applied and internally administered.

Yerba Santa given in the form of pills does not interfere with the appetite or digestion, possessing in this respect a decided advantage over most of the drugs that are in common use in the treatment of the affections in which it is indicated.

I have preferred to submit to the reader the above summary of my observations, rather than to attempt to reproduce the cases—not in themselves otherwise of especial interest—from which the conclusions have been derived; or to illustrate the value of the remedy in tables of figures and percentages, which could not fail to convey fallacious conclusions, because of the dissimilarity of cases of those lighter maladies, and our inability to represent numerically important factors in the problem which each patient presents. My object in preparing this brief paper will have been gained if a remedy of no mean value is thus brought to the notice of some who, among the multitude of new drugs, have overlooked it.

1137 *Walnut street, Philadelphia.*

CHOLERA INFANTUM.

BY HORATIO R. BIGELOW, M.D.,
Of Washington, D. C.

From the monthly exhibit of "births, marriages and deaths," issued by the Health Officer and Registrar of the District of Columbia, we extract the following: In June the reported deaths from *cholera infantum* were 74; of these 23 were white males, and 23 white females; 12 were colored males, and 16 colored females. Sixty-four were under 1 year in age; ten were from 1 to 5. During the same month the deaths from diarrhœal diseases were 55; of this number 18 were white males, and 14 white females; 12 were colored males, and 11 colored females. Thirty-seven were under 1 year in age; five from 1 year to 5 years; one from 5 to 10 years; one from 10 to 20 years; four from 20 to 40 years; six from 60 to 80 years; and one was over 80 years. The highest temperature attained during the month was 95°, the lowest was 51°, range 44°. The greatest daily range of temperature was 28°, on the 9th and 14th insts. The least daily range was 6°, on the 3d inst. The mean of maximum temperatures was 83.3°, and the mean of minimum temperatures 63°. The

mean daily range of temperature was 20.3. The monthly range of the barometer was 0.778. In July there were reported 74 deaths from cholera infantum, 21 being white males, and 16 white females; 23 colored males, and 14 colored females. Of the whole number, fifty-seven were under 1 year of age, and seventeen were from 1 to 5 years. During this month there were 71 deaths from diarrhœal diseases; 14 being white males, and 21 white females; 23 colored males, and 13 colored females. Forty-four were under 1 year; nine from 1 to 5 years; one from 5 to 10 years; three from 20 to 40 years; four from 40 to 60 years; and ten from 60 to 80 years. The highest temperature was 102°, the lowest was 59°, range 43°. The greatest daily range of temperature was 28°, on the 14th and 15th insts. The least daily range of temperature was 6°, on the 30th inst. The mean of maximum temperatures was 88°, the mean of minimum temperatures was 68.5°, the mean daily range being 19.5. The monthly range of the barometer was 0.710. In August there were 29 deaths from cholera infantum, 8 of which were white males, and 11 white females; 6 were colored males, and 4 colored females. Twenty-one were under 1 year of age, and eight were from 1 to 5 years. From diarrhœal diseases there were 37 deaths, 6 being white males, and 6 white females; 13 were colored males, and 12 were colored females. Fourteen were under 1 year of age; twelve were from 1 to 5 years; one was from 20 to 40 years; six were from 40 to 60 years; three were from 60 to 80 years; and one was over 80 years. The highest temperature was 94°, on the 2d and 3d insts. The lowest temperature was 55°, on the 10th inst. Range 39°. The greatest daily range of temperature was 26°, on the 11th inst. The least daily range was 8°, on the 17th and 26th insts. The mean of maximum temperatures was 83.9°. The mean of minimum temperatures was 66.0°. The mean daily range of temperature was 17.9°. The monthly range of the barometer was 0.589. During the three months, June, July and August, the total number of deaths from cholera infantum was 177; and from diarrhœal diseases 163; 142 of those who died from cholera infantum were under 1 year of age. 95 of the deaths from diarrhœal diseases were of the same age, 1 year or under. Of deaths from cholera infantum, 52 were white males, and 50 were white females; 41 were colored males, and 34 were colored females. Of deaths from diarrhœal diseases, 38 were white males, and 41 were white females; 48 were colored males, and 36 were colored females.

From these statistics, and others of similar nature, it is manifest that the custom of the country is to class in the mortality returns, under the common head of Cholera Infantum, all the deaths from simple and inflammatory diarrhœa and entero-colitis; whereas the fact is, that Cholera Infantum is an exceedingly rare as well as fatal disease, occurring as an epidemic and rarely sporadically. Indeed, so rare is it, that I very much doubt if there were three cases of *genuine* cholera among the infants of Washington during the three summer months. This disease, which is identical with the follicular enteritis of Billard, with the apyretic and febrile follicular diacrises of Barrier, and with the choleriform gastro-intestinal catarrh of Rilliez and Barthez, is exceedingly rare in Europe, and for no assignable cause, except that a sharper distinction between it and inflammatory diarrhœa is made by practitioners on the Continent and in England. The mortality just cited is beyond precedent, following no known law, depending upon no known meterological changes.

It cannot for a moment be supposed that the deaths from Cholera Infantum, where no epidemic of cholera existed, exceeded all other deaths from diarrhœal diseases, or that the proportion in 1000 of population, for the month of July, should be 5.224. Evidently the true nature of the pathogeny of Cholera Infantum is not understood, or if it be, physicians are careless in the use of terms.

The anatomical lesions of entero-colitis, inflammatory diarrhœa and cholera infantum, are as different as are the symptoms and treatment. The consensus of medical opinion is tending to class Cholera Infantum as a disease of the great sympathetic and not primarily as a diarrhœa. The vaso-motor nerves being paralyzed, the mouths of the blood vessels nourishing the intestinal walls are open, and from them serum is constantly exuded. This exudation acting as a foreign body originates an intestinal catarrh, and it is this diseased condition which acts by contiguity of structure, and sometimes by actual contact, upon the sympathetic, producing collapse. Moreau's Experiments (*Comp. Rend. de l'Acad. des Sciences*, t. lxvj. p. 554, 1868) confirm this view.

There is an inherent predisposition to the disease among some children, and the more especially among negroes. This condition is intensified by the extraneous conditions of bad air, dentition, heat, insufficient nourishment and improper clothing. Undigested food, of itself alone, is incapable of originating the disease,

though this is a fruitful source of summer diarrhœas. It is more apt to manifest itself among the poor and ill fed, who dwell in crowded places, abounding in pestilential smells, where sewer gas penetrates into every chamber, and where rotting garbage is allowed to remain for days at a time at street corners and in alley ways. It always occurs between the ages of one and five years, because it is often coincident with dentition, this latter being a condition of nervous irritability.

The anatomical lesions of cholera infantum are peculiar. There is always proliferation and exfoliation of the cells of the mucous membrane: the muscular layer of the intestine loses its essential characteristics; Auerbach's plexus undergoes a kind of fatty degeneration; the chalice cells present large, gaping mouths; the blood vessels of the villi are increased in calibre; the mucous follicles and glands of Peyer are enlarged. In diarrhœas generally we find this enlargement of the mucous follicles and of Peyer's patches, together with an inflammation of the mucous membrane; but nothing more, the centres controlling the vaso-motor system being situate in the cerebro-spinal axis, and not in the sympathetic ganglia.

If the foregoing theory of the pathology of cholera infantum be true, our remedies should be cerebro-spinals; chalk mixture, rhubarb, and their congeners, are equally useless; and upon no possible ground can their use be defended. Carbolic acid may be given, to correct the nature of the evacuations, though it does not act as an astringent. Ergot, in combination with some one of its synergists is often very valuable. At first it may increase the amount and frequency of the discharges, and may occasion pain, but very soon its action in contracting the arterioles is manifested. It slows the heart's action, increases the blood pressure, and incites to action the muscular coat of the intestine. Strychnia may very properly be regarded as a synergist to ergot. It unquestionably exerts a great influence on the sympathetic, as it does also in lessening the calibre of the arterioles. Quinine, either alone, in *full* doses, or in combination with iron and strychnia, is a most valuable remedy. Blisters to the head and ice to the spine, together with the free use of a solution containing oil of anise, oil of cajuputi, and oil of juniper, equal parts, added to ether, sulphuric acid and tincture of cinnamon, are all applicable to promote reaction. Quinine in full doses, combined with ergot, should be given from the commencement of the disease. A spiced brandy poultice applied over the abdomen often affords relief. Digitalis is sometimes indicated, to promote the flow of urine. Hot brandy punches may be given from time to time. The best results may be obtained by careful attention to hygienic regulations. The diet should be non-farinaceous, and I have found that barley-water, or Horlich's food for infants, best answered this purpose. Good ventilation is an essential, and absolute rest in bed should be enjoined.

Hospital Reports.

GOOD SAMARITAN HOSPITAL, CINCINNATI, OHIO.

CLINIC OF JAMES T. WHITTAKER, M.D.,
Professor of Theory and Practice of Medicine in the Ohio Medical College.

REPORTED BY A. H. KELCH, M.D.

Hemiplegia, from Cerebral Hemorrhage.

GENTLEMEN:—I present to you to-day a case without a history. You will observe, from the condition of the patient, that we can get no response from her at all. But you may make a diagnosis from inspection alone. This woman was brought into the house about four days ago. Her condition at that time was more grave than now. As it is, the patient experiences no pain at all, although she suffers extreme distress. But the distress is altogether mental, and arises from emotional anxiety. You may, those of you who are at all familiar with the phenomena of disease, be able to make a diagnosis in this case, from inspection alone.

You will notice the difference in the two sides of the face, more particularly about the angles of the mouth and eyes, where the expression in general is most developed. The difference in the expression will depend somewhat, of course, upon the amount of expression with which the individual is naturally endowed. In some individuals there is naturally none, and there is every grade, up to great intelligence. You can mark some difference in the expression of the two sides in this case; not much about the forehead nor the eyes; more about the parts of the face moved by the buccinator muscle; more still in the lines of expression about the angle of the mouth. Here it is, indeed, that you notice the change much more distinctly, as a rule, than elsewhere, because, as you are aware, it is the feature of the most expression, naturally. It is upon the lines of expression about the angles of the mouth and the eyes that the artist expends the most of his time. If we can bring out some emotional disturbance in this case we shall see, as you now observe, the disparity much more pronounced. We do not notice in the neck any difference in the two sides, except that the head inclines toward the left side. If I now turn the head over to the right, as you see, it drifts back again to the left. When we come to look further along the body, we find differences in the hands. The hand on the left side is cramped. The skin looks as if it were lifted

somewhat from the subjacent tissue; moreover, it is more hyperæmic, and you notice upon it some marks. When I lift the right hand I experience a feeling of resistance and rigidity. You would naturally expect that when I lift it it would fall back, but it is comparatively rigid. You observe I can hardly straighten out the forearm. On the opposite side everything is entirely different; the muscles are perfectly resolved and flaccid.

If we continue our examinations to the lower extremities, we find about the same changes observed in the hands. The right foot is larger than the left. There is marked disparity between the size of the feet, because the left is œdematous, and anybody that will put his hands on the two feet will recognize the difference in temperature; one is hot, the other is cold. I get the same sense of rigidity in the right foot that that we had in the hand, though the opposition is not so marked. The disturbance of the sensation is everywhere profound. You see that flies crawl over the surface of the right side of the face without notice on the part of the patient. Here, too, is an eruption on the right side of the face, a copious, papular eruption. What is that? The simplest solution is the easiest. The papules are relics of unnoticed mosquito bites.

Now, what is the occasion of this paralysis? All that we know of the patient is, that she was a strong, hearty woman; she went to bed well, and woke up, if I may so speak, in this condition, a few mornings since. One who never studied medicine would know that this loss of sense and sensation and motion indicates disease of the brain, a disease whose effects extend *a capite ad calcem*, from the head to the feet We have here a case of paralysis of the whole right side, a hemiplegia, which, of course, means that the lesion is situated in the left side of the brain. But it does not indicate what kind of a lesion. We desire to know what kind of a lesion exists and what we can say of its future, even if we can do nothing for its relief. The simplest is the easiest solution. You would say this patient has had a hemorrhage into the left side of the brain, and is paralyzed as a result of the pressure of blood. But it would not be safe to jump at such a conclusion, for exactly such conditions may be produced by any cause that would interrupt the circulation of the blood through a great vessel in the brain. One of the large vessels sometimes becomes occluded by an embolus or a thrombus. The question is, have we to deal here with an embolus, a thrombus, or with a hemorrhage?

The patient knows nothing as yet; she woke up with an abolition of consciousness, if we can say such a thing, and more like a hemorrhage is this suddenness of attack. But suddenness does not necessarily mean hemorrhage, because a clot detached from the valves of the heart may almost immediately plug up one of these large vessels and produce the same results. But this patient shows no heart lesion that we can detect, nor any other source for an embolus. This patient, you will observe, is past the middle period of life. Here are evidences of age, in the gray color of her hair and in the folds of the skin, and in the majority of cases where hemorrhage takes place it is in people advanced in life. The degenerative changes that occur in the various tissues of the body as old age begins to creep upon the individual affect the blood vessels of the brain likewise, so that they become brittle and fragile. They break, and blood then pours out into the brain and rips up and mutilates its substance. Such accidents are not confined to the brain alone. The same thing sometimes occurs in the lungs, and especially in the spleen, and the term apoplexy has been improperly applied to these extravasations of blood. The term apoplexy simply means struck down. The brain is much more frequently affected by extravasations of blood than any other tissues, and we see how easily this may be explained by the condition of the brain substance. You know, if you hold a brain in your hand it flattens out; it has not so firm a consistence to support its vessels as even the spinal marrow, and in this fact we discover a reason why hemorrhage happens so much less frequently in the spinal cord. Then the canals in which the cerebral vessels run are very wide and loose. This stroke may be caused by anything that blocks up the blood in the brain or obstructs the circulation there. When a rupture does occur in a vessel, there may escape only blood sufficient to fill a space the size of a pin's head, and again there is sometimes a whole lake of it, tearing up the brain substance and filling up the ventricles. How shall we discover the cause for this hemorrhage? We look first for that disposition to hemorrhage that may be transmitted by heredity. This disposition may affect the patient on the part of the blood vessels or the nerves. We look for an inherent instability of nerve force, a condition strictly inherited and favoring spasmodic contractions and congestion. Much more frequently we see the vascular tone impaired by disease of an important organ, especially by the kidneys. Bright's disease is, sooner or later, always attended by changes in the blood vessels. In Bright's disease hypertrophy of the heart must supervene to force the blood current through the capillaries, deprived, by a blood poison or by nutritive change, of their natural tone. The urine in this case does not reveal the existence of Bright's disease.

We cannot tell anything about the gravity of the case from the amount of the hemorrhage. The prognosis is rather determined by the seat than the extent of the effusion. But no patient ever dies suddenly from brain disease. The sudden deaths of which we read are caused by heart disease, by sudden arrest of the pulsations. An individual must live some time, varying from half an hour to several days, in even the worst hemorrhage into the brain. A person may succumb to a hemorrhage when the quantity of blood thrown out occupies only a space the size of a pin's head, and another may recover from an effusion like a lake. The position of the hemorrhage is the point, not the amount. In early life the hemorrhage is generally meningeal; in later life it is cerebral. With every decade of life the danger of hemorrhage increases. But it would appear, from statistics, that after sixty years of age the tendency to apoplexy decreases; this decrease is only apparent, however, because few indeed survive that time to

be affected by apoplexy. Cerebral hemorrhage occurs in gradually increasing proportion up to sixty years of age.

Whenever an individual is stricken down with apoplexy, from whatever cause, there is sometimes some warning of the approaching calamity. Such premonitions did not occur in this case. There was no vomiting; no headache; no twitching of the face; no prodromata, that we know of, of any kind.

When cerebral hemorrhage occurs, the attack announces itself in one of two ways: In the one case the individual falls, like a statue falls; then there is a total abolition of sensation and consciousness; the patient lies in a state of profound stupor; the face is flushed; the heart throbs; the pulse bounds; respiration is stertorous; the conjunctiva is injected; the pupils, contracted or dilated, are insensible to light; this is the characteristic picture of an individual plunged into apoplexy. There is another picture, where the patient falls and becomes blanched; there is extreme pallor of the surface and profound collapse. Such patients sometimes speak, after recovery, of having been struck on the head from behind. The amount of blood poured out into the brain could not, by any means, by its loss to the general circulation, produce this extreme pallor. The pallor and collapse result from the shock to the nervous system.

What we want to know now is the future of this and like cases. Not every case is so grave as this. Upon what factors can we rest our prognosis? The first and most important factor is the duration of the coma. You are always anxiously inquired of, in these cases, as to when the patient will recover consciousness. The longer the patient lies comatose the less favorable is the chance for the recovery. When the individual lies comatose for twenty-four hours, there is strong probability that he will remain so until the close. Such a duration is, however, not the rule. The patient generally recovers some degree of consciousness. Then, when he partially recovers, some motion is observed. At first the individual suffers from complete paralysis, because complete relaxation of all the muscles has taken place. When the cloud of the first shock has passed, the field clears away, and we can see what is left. Now, then, we observe the hemiplegia.

There is another factor upon which we base the prognosis, and that is the record obtained by the thermometer. The patient has fallen senseless; if you now put the thermometer, not under the arm, nor in the mouth, but in the rectum, above the sphincter, you will observe that the temperature has fallen, it may be on account of the shock, down two degrees, or to 97 or 97½°. Now, the longer the temperature remains down the graver is the case, for blood is being continually poured out, in all probability, and the patient must almost inevitably succumb. The temperature commonly comes quickly back to the normal point, and remains stationary a few hours, to then begin to ascend. In a favorable case it will not run up to above 100°; if it run up to 105°, the patient will die. The sooner the record returns to about the normal temperature, the better the chances for recovery. So here we have evidence, most valuable evidence, offered to him who will read it, throughout the earliest and most anxious hours of the attack.

In this case we have another factor of great prognostic value, viz., this rigidity on the right side of the body. This is a sign unfavorable, not so far as life is concerned, but as regards the final restoration of the limb. This patient's life is, for the present, secure, but this rigidity, when it comes on so early, is usually followed by a secondary rigidity, which is lasting.

The patient has come up out of her comatose condition to some degree, but not fully and clearly. For two or three days after she came into the house she was continually moaning and crying. We do not look upon that as unfavorable, so far as life is concerned, but we do look upon it as unfavorable to the restoration of the mind. You would never say, when the patient has so recently come up out of the coma, that she must remain in this state forever, but when this stupefied, dazed condition lasts so long, the outlook for the state of the mind is unfavorable. Fortunately, all apoplectic strokes are not so grave as this; indeed, instances have been cited where individuals have recovered from such shocks with better brains than ever before. There was the great lexicographer, Samuel Johnson, who wrote the finest work of his life after an aphasic hemiplegia. But these are exceptional cases. The patients, however, in a majority of instances, recover some intelligence, to then gradually drift off into imbecility.

And now the question comes up as to the recovery of the use of the arm and leg. You will notice that not all the muscles of the side of the face are paralyzed. You may take the most absolute case of hemiplegia, and the whole face is seldom absolutely paralyzed. Indeed, the prognosis is better, in simple facial paralysis, when all the muscles of the face are paralyzed, for that means a peripheral paralysis, a paralysis caused, for instance, by the action of cold upon the ends of the nerves in the muscles, causing them to fail to transmit the nervous stimulus. In this case you will notice that the occipito-frontalis is not paralyzed at all; neither are the muscles about the eyelids, as the lines about their angles indicate their play. Here are paralyzed simply the muscles about the angle of the mouth and those of the cheek. As a result of this paralysis of the cheek the patient is sometimes compelled to take the fingers and lift the food out from between it and the teeth, in order to prevent its undergoing decomposition there. The neck is not paralyzed at all; the arm is always paralyzed more or less completely, and also the leg, but not to the same degree. But here are the muscles of the neck, ribs and abdomen scarcely affected at all. How will we account for their exemption? Well, we look at the distribution of the nerves to these parts. We observe that the arm and leg can be moved independent of each other. The arms are independent absolutely, though the legs are mostly moved in concert. But the eyes move together. What does that mean? Why, of course, there must be commissural fibres in the brain or spinal cord, in cases of concerted movement, and we will find those muscles that act in unison responding, be-

cause they still receive some nervous stimulus from the side of the brain not affected—receive it through the commissural fibres. The muscles of the eyes, ribs and abdomen move thus in unison in health, and in hemiplegia the affected side still receives nervous influence through the commissures from the side which still is sound. Thus the muscles of the arm and leg may be completely paralyzed, while those of the eye, etc., are not.

Now, I have said the hemorrhage may occur anywhere: at the cortex, at the base, or in the centre of the brain. Where did it occur in this case? If you see a patient with a great amount of emotional disturbance, you may infer that it has occurred in the medulla oblongata or the pons. But it is almost impossible, at first, to say what symptoms depend upon direct pressure and what upon indirect effects, as upon general disturbance of the circulation and shock. We would infer, from the complete paralysis in this case, that a large amount of blood has been poured out. The patient was in a comatose condition for a day or two after she was brought into the house. There has been no convulsive movements. no twitchings of muscles, no agitation of members. It does not look as if the meninges were affected in this case. It looks as if there had been a large hemorrhage into the substance of, or about the opto-striate bodies, the most frequent seat of hemorrhage in the brain. Other factors that speak for this localization are the very slight implication of the face and the very pronounced early rigidity of the arm and leg. At the same time it must be said that no one can absolutely and definitely localize a lesion in the brain in a perfectly recent case.

When this patient recovers, how much will she recover, and what muscles will recover first? Those which suffer least recover first and most. She will recover the use of her leg to a great degree before that of her arm at all, and why? Because the leg receives more nerve force by commissural fibres from the other side. Long after she will be able to go about the arm may still swing helpless at her side. But she may never recover perfect use of her leg. It will long be swung into place, in walking, rather than be lifted and pushed in advance. We come to the muscles of expression last, and as a rule, they recover last.

Now, so far as the life of the patient is concerned, there is little danger, except from repeated hemorrhage. This blood clot will be, in a large degree, absorbed, and the pressure thus relieved. A scar may be found in this brain by some future observer, but the permanent damage that may be left time, the great diagnosticator, can alone determine.

We should not dismiss this subject without at least mention of that variety of apoplexy in which a stroke occurs, and the patient gets up and goes about his business in a few hours, or even less. It was formerly thought that these cases were due to serum effused into the brain, but the conception is absurd. Such strokes are due to sudden spasmodic closure of the vessels. The arteries suffer sudden spasmodic contraction, shut down upon, in this way, and cut off, the circulation. The flow of fresh blood must be continuous through the brain, or its functions are suspended. Now, it sometimes happens that a sudden discharge of nerve force, like a discharge from a Leyden jar, runs down upon the cerebral vaso-motor nerves, and the patient falls with apoplexy. These are the cases more especially of inherent instability of the nervous system, a fault in the original construction of the individual, as determined by heredity.

Medical Societies.

THE INTERNATIONAL MEDICAL CONGRESS.

The Congress met at Amsterdam, on September 7th, Professor Donders, of Utrecht, President, in the chair.

Prof. Donders' Address

turned largely on the relations of psychical phenomena to physiology, and on the doctrine of evolution. Of the former he said—

Let us enter deeply into the question. Given a thorough knowledge of the atoms, their number, relation to each other, movements—and I do not think this at all inaccessible—the psychical phenomenon, viz., conseiousness, appears, without the aid of any intermediate agency, as a phenomenon *sui generis*, which is not contained either in matter or in movement. In short, it is a phenomenon that can only reveal itself to itself; in short, an inexplicable and unexplained phenomenon. What have we gained by attributing a psychical element to the atoms? The psychical element of the atom remains to us just as little known as the psychical element of the complex matter. In order to explain or understand a phenomenon, we must be able either to connect it with other well known phenomena, or to trace it back to some notion which can be grasped by our intellect, such as the notion of matter and movement, which are contained in the idea of space. To embrace the theory of monism because we fail to grasp the relations of the psychical phenomena, is merely an act of faith.

In regard to evolution, he said—

If the evolution theory rely on morphology for support, physiology alone is able to penetrate into the conditions of development, and to explain, from the causal point of view, those three great factors of harmonious evolution: viz., habit, exercise and heredity, and the tendency to variation which seems to spring from them. Every organ and every function becomes the object of questions on origin and development, and we are justified in expecting from physiology that it will realize more and more that it is its duty to elucidate them.

On this ground the doctrine of evolution and of psychical processes meet. From the point of view of the former the origin of our notions appears under a new aspect. The possibility has vanished that, at the time of creation, they were implanted into each species; and it is our duty to explain their origin. This explanation can only be found in experiments on the senses and the voluntary movements. Concerning the abstract ideas and the mathematical axioms, the

greatest mathematical thinkers of our time have attributed to them an empiric origin. It remains now for us to determine how much can be attributed to individual experiences and to race, of the origin of our notions. This is a serious question, which I have considered more than once in the course of thirty years, but of which I will not speak here. It suffices to recall that, in order to explain the origin of our thoughts, we are obliged to admit the combined action of our individual experience and of that of our ancestors, as it has been transmitted to us by heredity in the peculiar dispositions of our brain. Even in man, individual experience does not suffice to explain the development of ideas as we see it after the human being has been born.

Prof. Chauveau, of Lyons, read on infectious diseases, which was followed by a paper on

Bright's Disease,

by Prof. Rosenstein, of Leyden. His conclusions were—

1. The anatomical changes in the kidneys, which form the foundation of the disease that was first described by Bright, affect both the parenchyma and the connective tissue of the kidneys. 2. There cannot be properly said to exist strictly parenchymatous nephritis or strictly interstitial nephritis. It has been sufficiently demonstrated by experiments and clinical observation that in every case of diffuse inflammation of the kidneys, both histological elements are affected. 3. Diffuse inflammation always leads to certain pathological changes in this organ, known as white kidney and red granular kidney. Both may finally develop into the "atrophic kidney," the only difference being that in the former the parenchymatous tissue of the kidney is chiefly affected, and in the latter the interstitial tissue. Both varieties may be distinguished clinically by analyzing the urine. The symptoms of atrophy are common to both forms. 4. Clinical observations tend to show that the red granular kidney, or, as it is now called, primary cirrhosis of the kidneys, is preceded by a period of tumefaction. The assertion is confirmed by anatomo-pathological observations. 5. The description given by Bright relates principally to the white granular kidney. Here, as well as in the other variety, the morbid process passes through two stages, as has been shown both clinically and anatomically.

Dr. Chervin, of Paris, read

On Stammering,

Dwelling especially upon its causes and treatment. The majority of the theories broached as to its nature make it a spasmodic affection, involving all the lingual muscles, according to some; the genio-glossi only, according to others; others, again, referring it to spasm of the upper respiratory passages. These theories, based on no solid foundation, have led to disastrous surgical practice, *e.g.*, section of the base of the tongue, of the genio-glossi, of the hypoglossal nerve, removal of the tonsils, etc. The author considered stammering to be simply a want of coördination in the multiple acts necessary for speech. Methodical treatment, carried on for three weeks, is generally attended with success. For the first week the stammerer is forbidden to speak, except at definite times set apart for practice in reading and recitation. During the second week he is allowed to speak, but carefully watched, so that he is made to articulate every syllable slowly and distinctly. Then he is permitted to speak a little more rapidly, and at the end of the third week he is cured of his fault.

Mr. Marcowitz, of Bucharest, communicated the results of his observation on the

Treatment of Abdominal and Petechial Typhus by the Douche,

which he contrasted favorably, as regards its anti-pyrexial effects, with the cold bath. He believed that the shock of the douche was useful; that it acted in a reflex manner on the heat-regulating centres, upon which it seemed to have a stimulating effect, thereby continuing the good already obtained by the subtraction of heat. The only contra-indications to its use were those insisted on by Liebermeister as to the cold bath, viz.: intestinal hemorrhage, and a high degree of cardiac failure, as indicated by a small and feeble pulse. Pulmonary engorgement, save when it is due to cardiac weakness, is regarded as an indication for this measure, rather than the contrary.

In the Surgical Section, among other papers, M. Verneuil spoke on

Operations in the Subjects of Constitutional Disease.

His propositions were: 1st. Surgical operations are not positively contra-indicated in subjects attacked with constitutional disease, but they were often permissible, frequently useful, and occasionally indispensable. 2d. Their prognosis is always much more serious than in healthy subjects. 3d. Their prognosis varies, in the first place, according to the differences in constitutional disease, and for each of them considered separately, according as the diathesis belongs to a dyscrasic state, or as it is induced by lesions anatomically and chemically appreciable. 4th. Special medical treatment, directed to the constitutional disease, should be entered on during, after, or, if possible, before the surgical operation. 5th. A knowledge of the pathogeny, pathology, and the natural evolution and termination of constitutional diseases, not, perhaps, sufficiently possessed by surgeons, is of great importance. It serves to deter more than to incite to surgical measures, and increases confidence in the remedial efforts of nature, seconded by a comparatively mild therapeusis. 6th. Operations on such patients, although more generally palliative than curative, are, nevertheless, of great utility. In extreme cases they may prolong life, render it less painful, and for the patient, at least, they open the door of hope.

Professor Lister, who was much applauded, and received quite an ovation, spoke on the

Antiseptic Method,

chiefly with reference to the three following objections which had been raised to it. 1. Surgeons who disbelieve in the part played by germs have attacked the carbolic dressing on the ground of theory. If bacteria do not exist around wounds, or, at least, if they do not possess the

evil properties attributed to them, a dressing which aims at preventing the development of these bacteria has no *raison d'être*. 2. That the antiseptic dressing with carbolic acid is not free from dangers, and may produce poisoning. 3. That if good results are obtained by the Listerian method, the same results may be had by means of other modes of wound-dressing. To the first of these objections Mr. Lister replied shortly, that he believes in germs and their deadly *rôle*, but declined to enter into a theoretical discussion which would occupy so much time. To the second objection he admitted that in a certain number of cases he had observed symptoms due to carbolic acid poisoning, both local and general. Locally carbolic acid produces irritation of the wound. When absorbed it leads, in some patients, to loss of appetite, vomiting, general weakness; death had even been seen to be occasioned by it. But all these accidents are very rare, and, moreover, they may readily be prevented. He avoids local irritation by not washing the wounds, as many surgeons do. The general toxic effects are readily prevented by employing carbolic acid of good quality, and carefully watching the patients, so as to leave off the acid as soon as these symptoms appear. He had not had very good results from the use of boracic acid, thymol, and salicylic acid as substitutes for carbolic acid. On the third head Mr. Lister said that those who object to use the carbolic method because as good results are obtained by other modes of dressing, do not know what may be done by means of the former. The largest and deepest abscesses may be opened with impunity; large joints may be laid open, etc. He submitted for adoption by the Congress the proposition that the principle of antiseptic dressing is fully justified, and that the means which we have of realizing this dressing are quite sufficient.

Prof. W. P. Tilanus, of Amsterdam, read on

The Radical Treatment of Hernia.

The conclusions were as follows:—1. Very favorable results have been obtained by the radical treatment of hernia; viz., ligature of the neck of the sac, extirpation of the sac, suture of the opening, with antiseptic precautions. The treatment is not dangerous, and has in most cases given good results. 2. Operation for hernia is indicated only in cases where the hernia cannot be kept *in situ* by a truss.

In the Section on Obstetrics and Gynecology, of a number of papers read the following may be specified:—

On the Treatment of Uterine Fibromas,

by Dr. J. De La Faille (Leeuwarden). The following were the conclusions:—1. The treatment of uterine fibromata is principally determined by the hemorrhage. 2. The treatment must be modified with respect to the size and seat of the tumor. 3. Internal medication is seldom successful, though it may be tried in cases of intraparietal fibromata. The same may be said of alkaline baths. 4. A very rational treatment of intraparietal fibromata consists in subcutaneous injections of ergot. 5. The usual method of dilating the uterus, by means of sponge tents or laminaria tents, is dangerous. It is important that the tents should be frequently renewed. 6. Fibrous polypes ought always to be removed with the *écraseur*. 7. Intra-uterine fibromata are best removed by enucleation. The same may be said of the subperitoneal fibromata. 8. In cases of gastro-hysterotomy, the intraperitoneal treatment of the pedicle is preferable to the extraperitoneal treatment. 9. The extirpation of the uterus *in toto* is preferable to the partial excision of the organ. 10. Ovariotomy is very seldom indicated in fibrous tumors of the womb.

Prophylactic Treatment of Puerperal Fever,

by Professor Halbertsma (Utrecht). The conclusions were as follows:—1. The principal causes of puerperal fevers are—*a*. abnormal births; *b*. infection; *c*. atmospheric conditions. 2. The prophylactic treatment consists—*a*. in premature delivery before symptoms of endometritis set in; *b*. in not examining the woman *per vaginam* in cases of normal birth: *c*. in antiseptic treatment; *d*. in stimulating the contractions of the uterus after confinement by giving ergot. 3. The danger of contracting puerperal fever may be as great in private dwellings as in lying-in hospitals.

On the Effect of Pilocarpine, Eserine, Etc., on the Uterus,

by Dr. Van Der Mey (Amsterdam). The conclusions were these: 1. The subcutaneous or intravenous injection of a solution of hydrochlorate of pilocarpine made during pregnancy excites the uterus to contract. If the injection be given in the first stages of labor, it stimulates the uterine contractions. 2. The action of sulphate of eserine on the pregnant womb is very similar to that of hydrochlorate of pilocarpine. 3. It has been proved, by clinical experience and experiments on animals, that the action of hydrochlorate of pilocarpine in inducing premature labor has been much exaggerated. 4. If combined with the mechanical means for the induction of premature labor, pilocarpine may be found useful. 5. In cases of normal labor, where the uterine contractions are not strong enough, pilocarpine may be administered successfully. 6. It must not be used for the purpose of stopping *post-partum* hemorrhage.

The Sections of Physiology, Psychiatry, Pharmacology, and State Medicine, were well represented.

We close our abstracts with notices of a few of the more practically important papers from the Sections of Ophthalmology and Otology.

On Myotic and Mydriatic Agents,

by Prof. Doyer (Leiden). The following were the conclusions: 1. Notwithstanding the direct relation which exists between the size of the pupil and the power of accommodation, both functions are independent of each other. 2. It has been shown, by comparing the results obtained by different experiments, that the dilatatory effects of pilocarpine, eserine, gelsemine, atropine, elaturine, and duboisine, are in the proportion of $\frac{1}{2\,0\,0\,0}$, $\frac{1}{5}$, $\frac{1}{15}$, 1, 2, 15. 3. The smallest dose of duboisine that has any effect upon the pupil is 0.000000005 gram.

On Antiseptic Dressing in Operations on the Eye,

by Professor H. Snellen (Utrecht). The following were the conclusions: 1. Suppuration following operations on the eye is an analogous process to suppurations after cutaneous operations. For this reason, antiseptic measures, which are modified according to circumstances, would have the same prophylactic importance. 2. No operation on the cornea ought to be undertaken without having previously thoroughly cleansed, with a one per cent. solution of carbolic acid, the part which is to be operated upon, as well as everything that can possibly come in contact with it. The instruments must be cleansed with alcohol. 3. As it is almost impossible to use Lister's spray in operations on the cornea, a current of air purified with carbolic acid may be substituted in its stead. 4. Rags dipped in purified vaseline and purified cotton wool will prove a sufficient dressing, both for antiseptic purposes, as well as to keep out the air. No irritating antiseptic means that might eventually increase the secretions of the conjunctiva and the glands of the eyelids must be employed.

On Sympathetic Irido-Choroiditis,

by Professor MacGillavry (Leyden). The following were the conclusions: 1. In ascribing the origin of sympathetic irido-choroiditis to an irritation of the ciliary nerves in the eye which is the seat of the primary affection, the hypothesis is implicitly admitted that inflammation may be caused by a reflex action. 2. This assertion, however, is not based on any facts in pathology which might lead to it. 3. It has been shown by anatomical observations that in sympathetic irido-choroiditis the lymphatic space between the dura mater and the arachnoids is filled with conglomerations of lymphoid cells. 4. We have reason to believe that these conglomerations take a part in causing the inflammation of the second eye.

On Adenoid Tumors in the Naso-pharyngeal Cavity,

by Professor Dayer (Leyden). The following were the conclusions: 1. Adenoid tumors in the naso-pharyngeal cavity give rise to a series of disturbances, the cause of which has frequently been misunderstood in the functions of respiration, speech and hearing. These troubles can only be cured in the majority of cases by removing the tumors. 2. Breathing through the mouth must not be considered merely as the effect of tumors or of a simple catarrhal swelling in the naso-pharyngeal cavity. When that habit has once been contracted, it becomes one of the principal causes of the further development or recurrence of the said tumors. 3. The best method of operating on adenoid tumors consists in crushing and removing them with the nails. This method is by far preferable to the use of instruments, and can be applied even in very young children.

On the Different Methods of Determining the Auditory Range,

by Dr. A. Magnus (Königsberg). The following were the conclusions: 1. In judging the usefulness of the methods by which the auditory range can be tested, the object of the test must always be kept in view, not an ideal object. No apparatus has as yet been invented that could be used for all tests. 2. As far as the auditory perception of irregular sounds (noises) is concerned, each ear may be tested individually. This would hardly be feasible for the regular waves of sound (music). 3. In making a medical diagnosis, such methods must be applied by means of which we can compare the auditory range for sounds that are transmitted through the air with that for sounds that are transmitted through the bones of the skull. 4. In order to enable the physician to make a prognosis and to control the treatment, he must use instruments which produce sounds of the same intensity (Politzer's apparatus, a watch). 5. A watch with an inhibitory apparatus would be the best instrument for a medical examination. 6. All the methods by means of which auditory range can be tested possess only a relative importance, owing to subjective influences (the degree of attention, age, intelligence), or to objective influences (any noise or sound which may exist during the examination, the locality, etc.). 7 Every physician must fix upon a normal distance for hearing, according to the circumstances under which he operates. If he regard this normal distance as a unity, he may express the results of his experiments as fractions of this unity.

On Diseases of the Ear in Relation to Life Policies,

by Dr. J. Patterson Cassells (Glasgow). The following were the conclusions: 1. It would be both arbitrary and unjust to look upon all cases of deafness and otorrhœa as being alike, and to refuse them. It has not at all been proved that diseases of the ear tend to shorten the medium duration of life in general. 2. All persons who wish to assure their lives must be questioned, especially as to the past and present state of their ears. 3. Persons who have been suffering from some disease of the ears, or are still so, must be examined by a specialist. 4. This is done with a view to estimate the danger which their life may incur through this affection. Accordingly, they must be classified as good, doubtful, dangerous, very dangerous. This classification will depend—(*a*) on the nature and the gravity of the affection; (*b*) on the present and past condition of their general constitution. 5. Persons suffering from some affections of the ear may be accepted, if their general health be good and free from all constitutional affection; also when there is no complication. All those must be refused where the otorrhœa is caused by an exanthematic fever, or if the persons be scrofulous or syphilitic; also all cases of singing in the ears, with or without deafness, where the gait is unsteady; lastly, all cases where the singing in the ears, whether accompanied by deafness or not, is complicated by a syphilitic constitution.

Drs. L. A. Sayre, of New York, Laurence Turnbull, of Philadelphia, and other Americans, were present, and were treated with great courtesy, the first named especially receiving marked attention.

Editorial Department.

Periscope.

The Value of the Hypophosphites in Phthisis.

Dr. J. G. S. Cogshill writes an article on this subject, in the *Lancet*, September 6th, giving his experience in 100 cases of phthisis. His formula was—

℞. Sodii. hypophosphitis,
Calcii. hypophosphitis, āā gr.viij
Infusi. cascarillæ, f.℥j.

Sig.—For one dose twice daily, after meals.

He gives details, and concludes as follows:—

A fair way to arrive at a true estimate of the hypophosphite treatment is to compare its general results with those of treatment of the whole body of the patients treated in the hospital during the same year. This is a comparison favoring the hypophosphites, as 25 per cent. of the total deaths occurred shortly after admission, the patients being in such a rapidly advancing state of disease as to preclude all attempts at systematic treatment; besides, in no case were the hypophosphites administered in which the prognosis was positively hopeless; also, when non-success was demonstrated the treatment was changed.

Of the total patients treated in the hospital during the year—viz., 428—297 improved, 56 remained *in statu quo*, 51 got worse, and 24 died.

Of those treated by hypophosphites—viz., 100—57 improved, 17 remained *in statu quo*, 26 got worse, and 4 died.

It seems evident from these statistics that the hypophosphites have no claim whatever to the character or properties of a specific remedy in the developed stages of pulmonary consumption.

In only 25 per cent. of the cases could they be employed, unaided, and these were cases that would probably have shown good results from favorable change of climate, improved dietetic and hygienic conditions, with general tonic treatment. Great disappointment resulted from its impotency in checking such characteristic symptoms of the disease as night sweats, or influencing favorably the febrile conditions indicating advancing lung mischief.

That, however, these salts, when judiciously employed, have valuable tonic properties, promoting the appetite, the digestion, and the assimilation, more especially of fatty food, was strongly impressed on all who closely watched the effects of their administration. They have evidently strong pyrogenic or heat-producing properties, acting, indeed, on the system, like phosphorus itself. This is especially the character of the hypophosphite of iron, which, indeed, renders it a very dangerous remedy in the arrested forms of the disease. These properties contra-indicate their employment in advancing stages of phthisis, where there is high temperature and increased frequency of pulse. But when the disease is arrested, they come into favorable consideration as a means of stimulating the nervous system, and through it the subordinate processes of nutrition. The feeling of langnor and lassitude so often complained of by the consumptive seems often greatly relieved, and unquestionably they have valuable weight-making properties. They have certainly no specific influences (so far as I have been able, after the most careful and unbiased observation, to form an opinion), either in arresting when in progress, or markedly promoting repair when stayed, the several forms of pulmonary phthisis, whether tubercular or pneumonic.

To say that they have a specifically curative influence on the diathesis, and not on the lesion, is to relegate the hypophosphites to the category of a large number of general tonic remedies, of the good effects of which there is long, ample, and well founded experience. On the other hand, it is greatly to be regretted that the hypophosphites of lime and soda, more particularly, should have claimed for them, in terms of extravagant laudation, the character of a specific in pulmonary consumption, which they do not seem to possess, and which much-to-be-deprecated proceeding has, no doubt, largely contributed to their being regarded with suspicion, and to their undoubted properties as general or nervine tonics, perhaps even as tissue builders, being overlooked. As such they will certainly be found of great value in certain stages of treatment in appropriate cases. Indeed, this their legitimate use is very largely and increasingly recognized by the profession, and they are, with the lactophosphates of lime and iron, perhaps, the best general tonics, both in cases of incipient consumption and in the more advanced stages of that disease, when the progress of the disease has been arrested.

Case of Hepatic Colic Attended with Passage of Gall-Stones Cured with Muriatic Acid.

The following case is given by W. H. Mussey, M.D., Professor of Surgery, Miami Medical College, in the Cincinnati *Lancet and Clinic*, September 27th:—

Mrs. B., aged 42, consulted me May 31st, 1877, with the following history: for the last ten years has had paroxysms of intense suffering in the right hypochondrium, attended with jaundice, and their real nature not understood till three years since, when a large quantity of gall-stones were discharged with the faeces. At first there was six months' interval in the attacks, then four, then three, two, and during the last year only one month between the attacks, and occasionally there would be three attacks in one month.

The gall-stones varied in size and number, sometimes one large one, and at others, three large ones and several small ones.

The paroxysms would last from four to eight hours, followed with confinement to bed for several days, the recovery from them each succeeding year becoming more tedious and protracted.

For five years last past has been unable to keep up about the house. The catamenia irregular, appearing only three times in the last ten months.

Present Condition.—Skin intensely yellow,

great emaciation of the body, weight 100 pounds, when at the period of first attack she weighed 170 pounds, strength exhausted, cannot walk without support by others, and cannot step upon any elevation above the level of the floor.

I prescribed pure muriatic acid, four drops in water, every six hours. Pepsin, eight grains, after food. Fluid extract conium, ten drops in water, every hour, during the paroxysms of pain and passage of calculi.

June 27th. Patient reports herself very much improved. The pepsin was discontinued and the acid continued in the original quantity.

November 23d, 1877. Mrs. B. reports only one attack since May 31st, which commenced June 20th and lasted to July 25th, during which time she was confined to bed; in the course of this paroxysm she passed no hard stones, but hundreds and perhaps thousands of perfectly formed soft ones, and which crumbled to a powder on being touched. Health reasonably good and bowels regular. Has continued the acid as first ordered, *i.e.*, four drops four times a day, and is advised to continue the medicine once a day.

June 14th, 1878. Mrs. B. walked into my office with a firm step. I did not recognize her florid countenance and *embonpoint*; she weighs 170 pounds, a gain of seventy pounds since I last saw her. All the secretions and functions of organs are normal, and there has been no recurrence of paroxysms.

November 5th, 1878. Reports good health. No paroxysms since July 25th, 1877. Weighs 170 pounds. Still takes the acid once a day, for "fear." Has taken four ounces, by measure, of pure muriatic acid.

Weight, 1867, 165 pounds; May 31st, 1877, 100 pounds; November 5th, 1878, 165 pounds. Is cured, grateful and happy.

Hypodermic Use of Fowler's Solution in Chorea.

Dr. Perroud, lecturer on diseases of children in the Lyons Faculty, has treated cases of chorea, since 1875, by hypodermic injections of arsenic, and M. Gavin, in a recent *Thesis*, gives an account of thirty-three of the cases so treated. Four or five drops of pure Fowler's solution are injected by means of a Pravaz syringe, the region chosen being that where the cellular tissue is least dense and the nervous filaments are fewest. Generally an injection is practiced every second or third day. All the cases were females, aged from six months to fourteen years, and among them were examples of all the forms of chorea. This method is stated to be preferable, because it avoids all gastric disturbance, and the cure is generally obtained more rapidly, while the dose is very small. There is little or no local irritation induced; but in some cases intolerance of arsenic occurs, although this is rare in children. As a general rule, rapid amelioration occurs, flesh being at the same time gained, while the solid matters secreted by the kidneys diminish. In sixteen of the cases the chorea was cured after a mean duration of thirty-two days of treatment, about eighteen injections having been employed. Of thirteen others submitted to these injections, but to various other modes of treatment as well, ten recovered, a longer period, however, being required. These thirteen cases were almost all of them old or relapsed choreas, so that, contrary to the assertions of Aran, Ziemssen, and others, arsenic seems to succeed better in recent and simple than in old and inveterate cases.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We take pleasure in announcing that Dr. Atkinson's new work, "The Therapeutics of Gynecology and Obstetrics," is now in press, and will be ready by the close of the year. It is on the same plan as Napheys' *Therapeutics*, and will give a succinct and full description of the most approved forms of gynecological and obstetrical therapeutics.

——The Fisk Fund Prize Essays awarded by the Rhode Island Medical Society include one on the "Artificial Feeding of Infants," by Dr. Oliver C. Wiggins; and one on Cholera Infantum, by Dr. Charles E. Banks. They are both carefully prepared essays, although presenting little that is new to the reader.

BOOK NOTICES.

The Medical and Surgical History of the Rebellion. Part II. Vol. I. Medical History. Washington. 8vo. 1879.

The whole of this huge volume of nearly 900 large quarto pages treats of diarrhœa and dysentery; or, as the editor, Dr. J. J. Woodward, calls them, the Alvine Fluxes. It is richly illustrated with photographs and engravings, and filled with interesting details of the vast varieties of those diseases which appeared in the army. It would be impossible to give an analysis of the work in the space at our disposal. We must say, however, that from the examination we have been able to give it, it is as thorough and masterly in execution as it is detailed and exhaustive in design. It were an error to suppose it merely a treatise on these diseases as they appeared in the late war; on the contrary, it examines them in all their relations and prominent examples, as recorded in the history of medicine over the whole earth and from the remotest times. Nothing, probably, of any importance has escaped the researches of Dr. Woodward; and it is to the credit of the nation as well as to himself that such a monument of enlightened industry has been issued from the press of the general government.

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NUTRITION AND INANITION.

The general relations of food to life have been pretty definitely settled. The physiological needs of the adult human body, according to all scientific investigators, necessitate the expenditure of from 140 to 180 grains of nitrogen in twenty-four hours, *while the body is in a state of rest.* In ordinary labor about 300 grains of nitrogen will be excreted, and under great physical exertion, such as that of walking for many hours consecutively, from 500 to 600 grains.

But to say that this average indicates an invariable rule would be widely wrong. In Dr. HAMMOND'S sound little book on "Fasting Girls" he observes, "Hysteria is very frequently marked not only by the ability to endure lengthened periods of abstinence, but by the abolition of all desire for food, to such an extent that the sight or even the idea of aliment of any kind excites loathing and disgust." He cites a case in his own practice, where a young lady for twenty-nine days took nothing but a single cup of chocolate daily, and lived through it and recovered.

Nor is it necessary that the hysterical condition should be present. A case was widely copied in the press last year, in which a stowaway secreted himself in the hold of a vessel at Liverpool, and had nothing to eat or drink during the whole voyage to New York, from September 24th to October 4th, but two handfuls of salt which he found in the hold, and his own urine, which he passed in a flask he had with him and drank each time he voided it. When the vessel reached New York he was found greatly emaciated, insensible, cold and nearly pulseless, but rallied, and was convalescent after five days.

The statement has been repeatedly made that East Indian necromancers will allow themselves to be walled up for a month in a small cell, without food or water, and yet can be restored after this incredible abstinence. They undergo a prolonged secret preparation and a protracted restoration at the hands of their assistants. This has been said to be a trick, but, if so, the trick has not been discovered. It is not more wonderful than that R. Kelsey lived fifty-three days on less than a pint of water daily, a fact vouched for by Dr. JAMES MCNAUGHTON, of New York.

In the lower animals this power of living without aliment is well marked. JOHN HUNTER asserts somewhere that he was cognizant of a toad which had been kept one year without food, and survived. Dr. C. H. HUGHES, of St. Louis, relates, in a recent paper read before the St. Louis Medical Society, the instance of a hog that lived in winter, snowed in under a stack of straw for forty-six days, without food or water, and without eating or disturbing the straw about him, and came out, thin indeed, but in good health. Dr. Hughes observes on this subject—

> "It is my opinion that the more this subject is looked into the more will be found to sustain the view that, when food deprivation is entirely self-imposed and voluntary, general disintegration reduced to a very low degree, and no disease existing, save just sufficient in the cerebral cortex to induce the morbid display of volition with reference to alimentation, life may be prolonged, by the necessarily very moderate daily demand on the reserve force of the system, to a much longer period than we have been generally willing to concede possible."

The study of the phenomena of hibernation

and æstivation—the prolonged sleep of animals in the cold seasons of the temperate and dry seasons of the torrid zone—may throw some light on these facts. They have been defined as the result of "a simultaneous modification of the innervation and circulation under the influence of a low temperature, or of a deprivation of moisture."

It is well known that many animals of high physical organization pass apparently voluntarily into this state of trance, and remain for weeks and months wholly without food or drink. With cold-blooded animals and invertebrates, it is still more common. With these numerous examples around us, there is no room for surprise that occasionally, and under exceptional circumstances, the same power is exhibited by the human race. That it is exceptional, is only too clearly shown by the frightful histories of famine and starvation which are scattered up and down the pages of history.

Notes and Comments.

Therapeutical Notes.

BISMUTH IN CHOLERA INFANTUM.

At a meeting of the Madison county, Ill., Medical Society (St. Louis *Medical and Surgical Journal*, September), Dr. H. T. Yerkes warned against astringents in this disease. He thinks a rational treatment consists in allaying irritability of the ganglionic nerve centres, and by the use of such remedies as promote digestion and allay irritation of the gastro-intestinal surfaces. For this purpose he has found nothing to act better than either the sub-carbonate or sub-nitrate of *bismuth* in large doses, combined with pepsin, and if indicated, with an anodyne and aromatics.

SULPHURIC ACID IN CHOLERA.

Dr. MacCormac, of Belfast, who had great experience in cholera in India, has urged on the English government the prophylactic treatment by dilute sulphuric acid—

℞.	Acidi sulphurici,	gtt.vj
	Aquæ,	℥j. M.

Sig.—This amount in a cup of mint water once or twice daily.

Both in India and in the United States this has proved itself the best known prophylactic.

THE SENECIO AUREUS IN RHEUMATISM.

For removing the rheumatic diathesis, Dr. N. S. Davis (Chicago *Medical Journal and Examiner*, September,) extols the life-root plant, *senecio aureus*. In a typical case of chronic rheumatic carditis he prescribes—

℞.	Acid carbolic (crystal),	0 | 40	grams.
	Glycerine (pure),	16 | 00	"
	Tinct. gelsemium,	16 | 00	"
	Tinc. digitalis,	32 | 00	"
	Fl. ext. senecio au.,	96 | 00	" M.

Sig.—Give five grams, or an ordinary teaspoonful, in a little water, just before each meal and at bedtime.

The steady use of this, with due attention to diet and exercise, and the avoidance of all use of alcoholic drinks and tobacco, will probably do as much to counteract the rheumatic diathesis, regulate the action of the heart, improve digestion, and thereby prolong the life and usefulness of the patient, as any course of treatment we could suggest.

SUDORIFIC IN REMITTENTS.

In remittent fever, Dr. E. A. Glezen, of Indiana, says (Ohio *Medical Recorder*, June) that a favorite prescription with him is the following:—

℞.	Nitrate of potash,	℥ij
	Powdered ipecac.,	gr.xx
	Fl. ext. ginger,	♏xx
	Water,	℥vj. M.

Sig.—A tablespoonful every hour, until sweating is fully established; then from 5 to 10 grains of quinine every three hours.

In cases accompanied with prominent head symptoms, it is proper to commence the treatment with an active cathartic; otherwise it should be avoided, as tending to prevent a crisis by the skin.

Nervous Maladies of Uncultivated People.

In curious confirmation of the strictures we made on the theory advocated by Dr. G. M. Beard and others, that increasing culture entails increase in nervous maladies, is a paper published in *La Presse Med. Belge*, August 31st, from the pen of Dr. Wilmart, on the character of the peasantry of Central Russia. They are, he says, of the middle height and below this. They are of very nervous temperament, of slight endurance, passing rapidly from enthusiasm to discouragement. They will not submit to the slightest operation without chloroform; they can bear only small doses of medicine, and even slight inflammatory affections are soon complicated by delirium, convulsions, etc. Steeped in ignorance, and possessed of little power of moral resistance, they readily abandon themselves to the deepest melancholy, easily yielding to the impulse to suicide, especially by drowning.

Among the diseases of the peasantry, those of the nervous system hold the first rank, hysteriform neuroses prevailing equally among men and women. Pain is a prominent symptom, and large quantities of opium are taken for its relief. Anæmia is very prevalent, especially among females.

Hydrophobia in Rabbits.

The *Lancet* notices some interesting facts regarding rabies, ascertained by M. Galtier. Canine rabies is transmissible to the rabbit, which becomes a convenient and inoffensive means of testing the virulence or non-virulence of different fluids of the body of a rabid animal. He has availed himself of this to study the virulence of the secretions of the rabid dog, sheep and rabbit. The rabies of the rabbit is transmissible to animals of its own species. He could not say whether the virus is as intense in the rabbit as in the dog. The predominant symptoms in the rabbit are paralysis and convulsions. The duration of life after the first manifestations of the disease is from a few hours to one, two three, and even four days after the disease has definitely declared itself. The period of incubation is shorter than in other animals, the average duration in twenty-five cases having been eighteen days. The administration of salicylic acid has no power to hinder the development of rabies in an inoculated animal. The saliva of a rabid dog, collected from the living animal and preserved in water, retains its virulence for twenty-four hours. Hence, the water in a trough in which the rabid dog has allowed its saliva to fall in trying to drink, must be regarded as virulent, at least for this length of time.

Brown-Sequard's Theories of the Nervous System.

This eminent teacher continues to announce that his experiments and researches prove that the doctrines of cerebral localization are erroneous and based on false assumptions. His demonstrations are striking. Thus, in an animal in which the right motor half of the pons varolii was incompletely divided, the left half of the bulb was afterward cut through, there remained no other way of communication between the two halves of the encephalon than by a small portion of the anterior longitudinal mass of fibres on the right side of the protuberance. Now, in this case, the galvanization of the motor centres at the right and at the left caused exactly the same movements in the limbs of the side opposite to the centres. The experiment was repeated a number of times, always giving the same results.

It is observed by M. Grasset that the whole doctrine of Prof. Brown-Séquard is governed by two entirely new principles, viz. :—

1. All the phenomena which one ascertains after limited experimental or clinical lesions of a part of the cerebrum are produced by action at a distance.

2. There are no agglomerated and circumscribed centres in the cerebrum for any function. There are certainly special cells, distinct elements, but these cells are distributed through the whole mass of the cerebrum. In other terms, there are no circumscribed, but diffuse centres.

Synthetic Production of Salicin.

The *American Journal of Pharmacy*, October, remarks that synthesis of a glucoside or glucose-yielding vegetable substance, is an important event in itself, as this had never been accomplished, but in this case it seems doubly important, as the method seems to be one capable of general application, and may lead to much greater results. A. Michael has just effected this synthesis in Wurtz' laboratory. Taking the so-called aceto-chlorhydrose, the product of the action of acetylchloride upon glucose, and acting with it upon potassium carbolate and potassium salicylite successively, two compounds were obtained, both of which showed the characters of glucosides. The first of these new substances does not appear to be found, as yet, in nature. Michael calls it *pheno-glucoside*. The second not only possesses the composition of helicin, an oxydation product of salicin, but examination shows it to be absolutely identical with the naturally derived product. The helicin, acted upon with nascent hydrogen, yields *salicin*, the glucoside of the willow.

Pilocarpin in Ophthalmic Practice.

After a careful study of this drug, Prof. Chalot, of Montpellier, doubts the value of it in ophthalmic cases. In his paper on the subject, after having observed that injections of this kind have not given any satisfactory results in uni- or bilateral hydrarthrosis, in simple hydrocele, or after amputations, the author proceeded to give the history of the use of pilocarpine in affections of the eye, and related several cases that had come under his notice in the service of M. Courty. In one case, where extraction of the cataract had been performed after von Gräfe's method, he injected chlorhydrate of pilocarpine; but,

another treatment having been carried on at the same time, he was unable to arrive at a definite conclusion on the subject. In another analogous case the patient became unconscious, and exhibited phenomena of intoxication after the fourth or fifth injection; that was the only result that had been obtained in this case. The same took place in four or five more cases of affections of the eyes that were treated in the same way. Patients, as a rule, do not tolerate these injections easily, and often object to them. They are frequently followed by symptoms of excitement, and in some cases of intoxication. There seem to exist no relations between the physiological and therapeutical effects of the drug, and no good results have ever been obtained.

Percentages from Druggists.

Our comments, some months back, on the impropriety of physicians taking percentages on the prescriptions they send to druggists, has met the approbation of many honorable men and journals. The Chicago *Pharmacist* speaks of the prevalence of the swindle in that city. It says—

"Many physicians in this city demand as high as forty per cent. on the gross price of their prescriptions to patients, while others are content with twenty-five per cent., and yet others only ask their office rent, while a goodly number only expect cigars and liquors free. Some degree of collusion between druggists and physicians exists almost everywhere, and probably always will, but the practice of giving any very substantial inducements to the physician for his influence is commercially and morally wrong."

How long shall this discreditable state of things last? Will not the medical societies take some action?

Active Principle of Eriodyction Californicum.

Apropos of Dr. Wilson's article on Yerba Santa, we note that at the last meeting of the National Pharmaceutical Society Mr. Charles Mohr, of Mobile, reported a very full examination of the plant, and the action of the various solvents in regard to the amount and quality of extractive matter. The properties are believed to be due chiefly to the resinous matter, which is best extracted by alcohol, to which it yields nearly eleven per cent. of its weight. It yields an ethereal extract of fifteen per cent. and an aqueous of nineteen per cent., but that which is taken up by alcohol seems more satisfactorily medicinal in its character.

Its apparent action is as an astringent and tonic to the bronchial tubes, but as a remedial agent in consumption he thinks it no better than many other panaceas whose uselessness was long ago proved.

Peritoneal Affections of Drunkards.

At the late meeting of the French Association for the Progress of Science, M. Leudet, of Rouen, read a paper on Affections of the Peritoneum in Drunkards. These consist—1. In gradually progressive ascites, which can only be cured by tapping and the administration of powerful cathartics, provided the mucous membrane of the intestines be healthy; 2. In a granular peritonitis, which in exceptional cases ends in the formation of adhesions between the serous membranes. In some cases the peritoneal cavity contains a bloody fluid, but never a purulent one. The aforesaid lesions progress very slowly and insidiously. M. Leudet thinks, too, that they are of a similar nature to the alterations produced by alcoholism, both in the liver (cirrhosis) and in the intestines (enteritis, ulcerations).

Intestinal Calculi.

It is not generally known that calculi form in the intestines in some instances, quite independent of gall stones or other formations. At the late meeting of the French Association for the Progress of Science, M. Marquis read a paper on the subject, in which he proceeded to give a case of intestinal lithiasis that had come under his notice. The patient was a very anæmic woman, who constantly passed in her stools small, granular, oblong, brownish bodies, which were evidently formed in the intestines, but were neither biliary nor renal calculi. There was simultaneously a considerable hyper-secretion of the intestinal mucus. It seemed as if the gravel were produced in greater quantities the more anæmic the patient became.

Capillary Punctures in Ascites.

M. Hemot, of Reims, read, at the French Association, an interesting communication on this subject. After having drawn attention to the danger which attends the practice of evacuating suddenly, in a case of ascites, a large quantity of liquid, and to the accidents to which this apparently mild operation frequently gives rise, he pointed out how little harm could result in such cases from capillary punctures. He quoted several cases in which five or six punctures, made at certain intervals from each other, gave the

desired result. The operation is extremely simple; the instruments used are merely a small trocar, such as every surgeon carries in his pocketbook, to which a rubber tube is adapted. Another important point in this method is that the abdominal walls do not lose their elasticity, which would be the case if the fluid were allowed to escape rapidly. In this way the rapid reproduction of the liquid is prevented.

Correspondence.

Supposed Congestive Chills Caused by Lumbrici.

Ed. Med. and Surg. Reporter:—

I was called September 19th, 1872, to see Mrs. B., aged 19, German. Had given birth to a well developed female child six weeks prior to my visit. I was informed she had a very easy labor, for a primipara; was up doing her house work in two weeks. Up to the day before I was sent for she had good health.

She was attacked with a light chill, which did not last long; fever followed, continuing for some hours; after it subsided she remained sick at the stomach. When I came she had no fever, but was weak; looked pale, eyes looked glassy, the extremities cold, and covered lightly with a clammy sweat. Tongue clean, bowels regular, temperature normal. Kidneys secreted natural. She gave plenty of nourishment to the infant, which was in a thriving condition. I looked upon the case as of a malarial character, and prescribed the usual remedies.

September 20th. Was sent for in great haste, the messenger stating the family thought she was dying. It was some time before I got there; when I did she was doing well, no fever, sweating over her entire body, temperature normal. Her husband told me she rested well all night; about noon he noticed she looked amiss, and went to the bed to ask her if she wanted anything, whereupon he found she was unconscious. She was cold as death, from head to foot, bathed with a clammy sweat. They sponged and rubbed her person for over an hour, with alcohol, before any signs of life appeared, except the slow beating of the heart, which an old lady still kept observing while the friends kept sponging and rubbing. Thinking she had had a congestive chill I prescribed accordingly, giving heroic doses of sulph. quininæ and stimulants.

The next day, 21st, about the same time, she had another spell, similar but harder and longer continued. She took during the interval ʒj of the sulph. quiniæ and ℥iv of brandy, besides nourishment, in plenty. I did not witness this one either. I found her in precisely the same condition as the day before. Thinking there was something connected with the case which I could not fathom, I requested the friends to get council; they acquiesced, and I sent for my friend, Dr. W. J. Stewart; he came early on the morning of September 23d; he examined the case thoroughly, but could not detect anything more than, as he supposed, remittent fever. We continued the same line of treatment, giving all the directions necessary, and left, I promising to be there at noon; then found her comfortable; she had eaten with a relish; I watched her very closely; in about one hour after she ate her dinner she commenced to moan. She was pale as death, eyes open, staring toward the window, cold over her entire body and extremities, a clammy sweat exuding from the skin in a very profuse quantity, pulse very slow, temperature 95°, pupils about normal in size; could not get her to pay attention to anything whatever; would never change her position, never moved her eyes; no spasmodic action of any muscles, or twitching of the nerves. We used the same remedies as before, placing bottles of warm water along her body, jugs to her feet, filled with as warm water as was consistent. She did not appear to feel the heat or hard rubbing that was performed by the lady attendants. In the course of two hours she became rational and rested well; stated she was unaware of anything that transpired. Not knowing how to prevent, or even to mitigate, these attacks, I was at my wit's end, after giving the heroic remedies, and apparently of no avail. I again requested the friends to call council.

September 24th. Dr. R. Milligan, of Fort Recovery, Ohio, met me. He being the oldest physician in this part of the country, I considered he certainly would get a clue to this phenomena. I stated the entire history to him, and he examined her very carefully. While he was there she took one of those "sinking chills," as he called them, equal to any she had had. He told me that they were not congestive chills, but that they would have to be called that, in the absence of any other name. He suggested to pursue the same course. If that did not save her nothing would. I did as he directed for some three days, with the same results, only she was getting weaker each day. What surprised me the most was, she rested well every night, slept naturally, was comfortable in every respect, ate and relished her food, and gave sufficient nourishment for the infant, which grew finely. She passed urine sufficient in quantity all this time; bowels regular, of proper color and quantity.

On the evening of the 27th she told her mother-in-law she felt something in her throat, which, as she said, moved, and was alive. The old lady raised her head up, looked down her throat, and discovered a large lumbricoid, which she drew out. It measured thirteen inches. I arrived shortly after, and the old lady showed it to me. I discarded all the heroic doses we were giving, of antiperiodics, and left three powders, composed of santonine, hyd. chlor. mitis, of the usual dose, to be given two hours apart, to be followed, in the morning, with half an ounce of olei ricini, with twenty drops of turpentine, with the result that in four hours after she evacuated a solid knot of lumbri, as near as we could count containing thirty-nine; there was nothing else passed. In about three hours she had another discharge from the bowels, which filled an ordinary chamber mug two-thirds full of living and dead worms, all of the lumbria species. The amount surpassed anything I ever beheld, there was very little of anything

else. She kept passing a few nearly every discharge, for about a week. She commenced to improve at once. She had no chill that day, nor ever afterward. She made a good recovery in a very short time, and has been hearty ever since. J. A. Hutchinson, M.D.

Salamonia, Ind.

Disinfectants.

Ed. Med. and Surg. Reporter:—

All of our Dispensatories are silent, or nearly so, on the subject of disinfectants and deodorizers, which, I think, is a serious defect. The subject of sanitary precautions against the cause and spread of disease is daily attracting more and more the attention of the profession and the public, and some portion of our Dispensatories ought to be devoted to this subject. Even Buck's sanitary work, valuable as it is, does not go into this subject as minutely as it should; that is, though it mentions varieties of disinfectants and disorders in general terms, it does not tell us accurately how to prepare them, and how and in what quantities to use them. For instance, if it says Condy's Fluid, it does not tell how to use it, and it is not mentioned in the index of that work. All do not know that it is permanganate of potassa. Strange as it may appear, most country physicians, I am sorry to say, have very meagre libraries, as they are generally poor; and if writers on medicine would publish good works on this and kindred subjects, they would sell much more readily than scientific works on cell formation, or which end of a rat's tail is first formed. For the country physician, and I might add, for some in the city, plain facts—how to prescribe for and cure their patients, and how to prevent diseases—are of more importance than elaborate and scientific treatises, which, though important to the literature of the science of medicine, are really of no practical importance.

Danbury, Ct. E. P. Bennett, M.D.

News and Miscellany.

Dr. Sayre at the International Medical Congress.

The *British Medical Journal* says—

Among the more interesting demonstrations of the International Medical Congress at Amsterdam, were those by Dr. Sayre, of his method of treatment of spinal curvature and Pott's disease by suspension and the plaster jacket. The method was already known and successfully practiced by a few surgeons in Holland. The brilliant success of Dr. Sayre's remarkable demonstratinn will undoubtedly contribute to popularize rapidly this invaluable boon to surgeons and patients. The cases included one of a patient wearing one of the recent modern and highly improved apparatus, for the treatment of lateral curvature. At once, on removal of the apparatus, it was found that the patient stood nearly an inch higher without it than with it, as will often be found, on careful measurement, after removing any "special instrument;" for nearly all, by the downward pressure on the shoulder, actually depress the column vertically, while they exercise lateral pressure on the convexity of the spinal curve. The suspension made and the jacket applied, the patient, carefully measured by the surgeons present, was found to have gained another inch and a quarter, and moved about with an ease and comfort to which he had long been a stranger. The immediate satisfaction and relief afforded, and the rapid and easy cures of Pott's disease and of spinal curvatures effected by Sayre's method and jackets, are now matters of such everyday knowledge and experience, that we can readily appreciate the enthusiastic satisfaction with which the demonstration and introduction of this method of treatment was hailed by new audiences of surgeons to whom they are still novelties. Dr. Sayre received the accustomed and well deserved tribute of enthusiastic approval of the large, crowded, and highly informed section of foreign surgeons before whom his brilliant demonstration was made. We say accustomed, because the same experience may have been noted wherever Dr. Sayre has demonstrated his method before an audience of medical men, whether at the great hospitals of London, at the congresses of Manchester, at Liverpool, or at Cork.

International Congress of Hygiene.

The third International Congress of Hygiene will take place at Turin, in April, 1880, under the patronage of the Italian Government. As at Brussels, in 1876, and at Paris, in 1878, the Congress will avoid political and religious discussions. At the Paris Congress last year there were eighteen nationalities represented, the Russian, German, and other governments appointing special delegates. It is anticipated that the forthcoming Congress will be equally well attended. Medical men will, of course, form the majority of the Congress, but chemists and veterinary surgeons are to have a place reserved for them. Architects and engineers are also invited, as with them to a large extent rests the application of the principles which men of science have discovered.

The Medical Law of California.

The San Francisco *Western Lancet* says—

The Medical Law of California is, perhaps, as perfect an instrument, practically, for the protection of medicine, as any yet devised. It is doubtful whether, in any State of the Union, there is a law which works so satisfactorily as does ours, in spite of the predictions of so many of the profession that it would fall to the ground. It has been declared constitutional by the highest tribunal of the State, it is upheld to the letter by the judiciary, and it is enforced actively by the police authorities. Arrests of notorious quacks are now of constant occurrence, and to the credit of the magistracy he it said, convictions follow in every case, the few who escaped punishment doing so through some flaw in the evidence only. The fight has been a long and hard one to get the law into shape, but it is now dealing efficient strokes upon the empiric hosts, and nothing but the apathy of the profession need hinder it from routing the bulk of them out of the State, bag and baggage.

Higher Medical Education.

The Medical Department of Yale College has announced that its system of instruction is now arranged in a graded course, extending over three full years, and that all candidates for admission, excepting those who have passed an examination for admission to Yale College or some similar institution, must present a degree in Letters or Science from a recognized college or scientific school, or pass an examination in the following subjects:—

1. Mathematics—Algebra to Quadratics; Euclid, 2 books; Metric System of Weights and Measures.

2. Latin—Translation of easy prose or of Virgil's Æneid.

3. Physics—Balfour Stewart's Elementary Physics, or any equivalent work.

These examinations will be conducted in writing. Grammar, spelling and construction will be considered in judging of the papers. Graduates in medicine will not be required to pass this examination for admission.

The Detroit Medical College makes a similar announcement, requiring three regular sessions, and an examination at matriculation. But this examination does not include any Latin (an unfortunate omission), and no geometry.

Shady Lawn, Massachusetts.

This institution is at Northampton, Mass., under the care of Dr. A. W. Thompson, formerly of Northampton Lunatic Hospital, and a gentleman of large acquirements. It is designed especially for Diseases of the Mind and Nervous System: Medical and Surgical Treatment of Ailments of Women; The Alcohol and Opium Habits; The Laryngitis of the Seaboard; and Chronic Diseases of similar character.

In the treatment of mental disease Dr. Thompson has introduced the plan of systematic study as a means of strengthening the intellect. Of course, it is carried out on a plan adapted to the peculiar nature of the case: and we understand the results have been satisfactory. Physicians in search of an institution to which to direct patients of the classes mentioned will do well to correspond with Dr. Thompson.

The Williamson County (Ill.) Medical Association

met in regular meeting on Monday, October 7th, S. M. Mitchell, M.D., President, in the chair.

Dr. Fly read a paper on the Relation of Telluric and Meteorological Conditions to Malarial Fever.

A young man presented himself for examination, with a tumor in the supra-scapular region, which was diagnosed by the Association to be an aneurism of the subclavian artery.

Dr. Bently reported three cases of diabetes insipidus, and stated that he treated them all successfully with the tincture of chloride of iron, also one case of phlegmonous erysipelas of the leg.

On motion of Dr. Ferrell, Dr. Fly was requested to furnish the report of the proceedings to the Medical and Surgical Reporter.

Anti-Vaccination Society.

The fools not being all dead yet, a number of them came together in New York last month, and organized an anti-vaccination league. It was presided over by some irregular practitioners connected with an eclectic college there.

Mr. William Tebb, an English gentleman residing in London, whose repeated refusals to have his daughter vaccinated was the cause of his being prosecuted by the authorities 13 times, and fined in a majority of the cases, was present at the meeting, and gave it the benefit of his experience and martyrdom.

Suicide in Germany.

Suicide seems to be on the increase in Germany. From the statistics for the year 1878 we gather that the figure of 1126 was reached, out of which 215 were women: in 749 cases death was produced by hanging, in 217 by drowning, and in 88 by injury to the brain.

The causes are thus assigned: In 284 instances melancholia, in 105 disgust of life, in 94 intemperance, in 90 intellectual disturbance, in 89 privations, in 65 physical suffering, and in 39 love. The ages varied from 90 to 14 years.

Personal.

—The death of Dr. James Graham, Emeritus Professor of the Ohio Medical College, took place last month.

—Dr. Henry Maunsell, one of the authors of Maunsell and Eavenson's *Diseases of Children*, died in Dublin last month, at the age of 73 years.

—Dr. E. S. Gaillard, having severed his connection with the Louisville Medical College, has removed to New York city, where he will henceforward reside, and where he will also publish the *Richmond and Louisville Medical Journal* and the *American Medical Biweekly*. His address will be 27 Clinton Place.

—The *Allg. Wiener Med. Zeitung*, announcing that Professor Hebra has been made a Hofrath, on account of the great services which he has rendered to science, observes that this is a well-deserved recognition of the deserts of one who is an ornament to the Vienna School of Medicine, to the celebrity of which he has so much contributed for more than thirty years.

A Sip of Punch.

Patient—Do you mean to say my complaint is a dangerous one?

Doctor—A very dangerous one, my dear friend. Still, people have been known to recover from it; so you must not give up all hope. But recollect one thing: your only chance is to keep in a cheerful frame of mind, and avoid anything like a depression of spirits!

Correction.—In Dr. Houtz's letter, page 350, in the next to the last sentence, *one-sixteenth* of a grain of atropia should read *one-sixtieth*.

Items.

—An Irish woman died last week, in New York, at the alleged age of 112 years.

—A Berlin dispatch to the London *Post* says: "The Municipal Council recommended the universal adoption of the practice of cremation."

—The late Dr. Le Moyne's will leaves his crematory in trust to his executors and their successors, for residents of the borough, or within five miles, who wish to use it, the charges in each case to cover the expenses of the burning.

—The National Board of Health has appointed a committee to meet the railroad representatives, and aid in the preparation of a system of rules and regulations governing inspections. It is hoped that the proprietors of steamboats interested in the subject will take similar action, to meet in conference.

—Addressing a large audience recently, on his return from exploration in Northern Siberia, Captain Wiggins said that, from his experience in long journeys through the heart of the country in midwinter, by sledges, he was strongly in favor of the benefit of abstaining entirely from the use of any kind of intoxicating drinks.

—A physician of Tallahassee writes to the National Board of Health, in October—

The country between our high lands and the coast is now affected to an unusual degree with malarial fevers of severe type, due, no doubt, to the extraordinary rainfall of the past few months, which has submerged a large portion of the low lands. At other times this portion of the country has been considered very healthy.

OBITUARY NOTICES.

—Dr. O. A. Carroll, a highly esteemed physician of Port Jervis, N. Y., has died. Resolutions of respect were passed by the Tri-States Medical Society, at its regular annual meeting, held at Port Jervis, October 8th. 1879.

—Dr. Isaiah W. Clawson, of Woodstown, N. J., died October 19th. The deceased was born March 30th, 1822; graduated at Princeton College in 1840; studied medicine in the University of Pennsylvania, taking his degree in 1843; was a member of the State Assembly in 1853; was elected a representative to the Thirty-fourth Congress and re-elected to the Thirty-fifth, serving as a member of the Committee on Revolutionary Claims.

—Mr. G. W. Callender, F.R.S., Surgeon to St. Bartholomew's Hospital, Examining Surgeon to the Royal College of Surgeons, etc., died at sea, in the "Gallia," October 27th. Mr. Callender arrived in this country September 3d, and after a visit to Canada and the White Mountains, came to this city, to pass some time with Dr. Levis and other friends. Here he was attacked with an acute exacerbation of parenchymatous nephritis. There was marked œdema of the extremities, and copious albuminous deposits, with granular and hyaline casts in the urine. He received every attention from his professional friends, but was exceedingly desirous to return home, to which they gave a reluctant consent. He sailed October 22d, with the result above stated. As a distinguished surgeon, an agreeable companion, and a gentleman of the highest character, he will be widely and long regretted.

QUERIES AND REPLIES.

Dr. I. M. S., of N. J., asks, "What is the best book on Domestic medicine, and price?"

Ans.—We know of none superior to the "*Handbook of Popular Medicine*," by the late Dr. G. H. Napheys; price $2.00.

Dr. C. W. S., of Mass.—We do not club with the paper you speak of.

Advocatus.—Coffee, it is believed, produces anæmia of the brain; hence the vertige which its use produces in some people.

Dr. Antonio.—The alleged age of "old Parr" is considered apocryphal.

MARRIAGES.

BENJAMIN — WHITE.—At the residence of the bride's uncle, Dr. J. M. Ridge, in Camden, N. J., on the 4th ult., by the Rev. Dr. Garrison, Dr. Dowling Benjamin, of Camden, and Miss Sallie Cooper White, of Bucks county, Pa.

HAMNETT—GREEN.—At Meadville, Pa., on the 7th ult., by the Rev. G. A. Cartsensen, assisted by Prof. J. Hamnett, D.D., William C. Hamnett, of Toledo, Ohio, and Katharine Wise Green, daughter of Dr. Alfred W. Green.

JOHNSON — BROCK.—On the 1st ult., at St. Clement's Church, this city, by Rev. Dr. Henry A. Coit, assisted by Rev. O. P. Prescott, Dr. Robert W. Johnson, of Baltimore, Md., and Julia W. H. Brock, daughter of John Penn Brock, Esq., of this city.

LOY—CHAMPLIN.—In Cincinnati, Ohio, October 2d, at St. John's P. E. Church, by Rev. Mr. Kinsolving, Dr. E. E. Loy, and Miss Nellie Champlin.

RIGGS—CHEESMAN.—In New York city, on Wednesday, October 8th, at the Church of the Transfiguration, by the Rev. George H. Houghton, D.D., assisted by the Rev. J. Tuttle Smith, George W. Riggs, Jr., and Kate, daughter of Dr. T. M. Cheesman.

SCUDDER — DAVIS.—In Cincinnati, Ohio, on Thursday, October 9th, by the Rev. W. H. Nellson, Jr., Henry Darcy Scudder, and Marvina James, daughter of Dr. J. M. Davis, of this city.

TIFFANY — GOODMAN.— At Salisbury Mills, Orange county, N. Y., October 2d, by Rev. D. J. Atwater, Loring O. Tiffany, of Harford, Pa., and Martha, daughter of A. Goodman, M.D.

TRASK—HOPKINS.—In New York city, on Wednesday, October 15th, at the Madison Avenue Presbyterian Church, by the Rev. William Lloyd, Frederick Marquand Trask, M.D., and Mary, daughter of the late Gustavus U. Hopkins.

KOONS—BREWSTER.—On Thursday, October 16th, 1879, by the Rev. E. E. Erskine, D.D., Philip R. Koons, M.D., and Miss Ninna R. Brewster, all of Newville, Pa.

DEATHS.

CLAPHAM.—Of apoplexy, at Astoria, Long Island, on Saturday, October 11th, 1879, Eduard Clapham, M.D.

KEELER.—In New York city, October 6th, 1879, Mrs. Hattie A. Keeler, wife of Dr. W. T. Keeler, aged 23 years, of consumption.

PALMER.—At Haywards, California, October 13th, Theodore D. Palmer, M.D., son of the late Captain Theodore D. Palmer, of Stonington, Conn.

PEUGNET.—In New York city, suddenly, on Friday, October 10th, Dr. Eugene Peugnet, of Fordham, in the 43d year of his age.

PHILLIPS.—In New York city, on Friday morning, the 10th ult., of pneumonia, after a brief illness, Henry J. Phillips, M.D., Captain and Assistant Surgeon, U.S.A

THE

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Original Department.

Lecture.

THE PATHOLOGICAL MUSEUMS OF GREAT BRITAIN.

Extracts from the Introductory Address delivered at the opening of the Term of 1879-80,

BY A. VAN DERVEER, M.D.,

Professor of Principles and Practice of Surgery in the Albany Medical College.

[After describing in detail the very excellent museum of the Albany Medical College, founded by Drs. Alden March, James H. Armsby and James McNaughton, the lecturer proceeded to compare it with some of the most celebrated collections in Great Britain]. * * * * *

Regarding Ireland, Dublin may be said to be the great centre for medical instruction. There are excellent hospitals, medical schools, colleges and museums, at Cork, Belfast and Galway, and many local dispensaries throughout the country, but the museum connected with the Royal College of Surgeons in Dublin undoubtedly surpasses all others. It contains a most excellent collection in comparative anatomy, and also exhibits a fine variety of well preserved mummies, in their various positions, as brought from Egypt and Peru. I did not find a better collection anywhere else than here, of wet specimens showing the various developments of the hermaphrodite. The wet specimens exhibiting stricture of the urethra and œsophagus, as well as those of diseases of the bladder, prostate gland and kidneys, were also particularly good. But few good specimens are presented of diseases and fractures of the bones. At Glasgow I visited the Andersonian University, an institution strictly medical, which has a good but not large museum attached. I was fortunately admitted into the private museum of its Professor of Anatomy, Dr. Geo. Buchanan, and to see the wonderful dissections he has made and preserved was a great pleasure. The buildings of the Glasgow University, in outward appearance and internal arrangements for its various museums, are the finest I have ever seen. Here I saw nearly all the valuable specimens left by the celebrated Dr. Wm. Hunter. I was amazed to see the specimens exhibiting the gravid uterus. The embryo and fœtus, perfect in its membranes, can be seen at any age. The collection in monstrosities is also wonderful. This museum has a good collection in every department. The janitor was a physician who had resided for many years in this country, and who speaks very flatteringly of our own museum.

Dr. Wm. Hunter made his museum to be of great service to him in giving medical evidence in the courts of England, where he often appeared as an expert, and for many years judges continued to avail themselves of his writings in their rulings and charges.

The museum connected with the University of Edinburgh excels in its department of comparative anatomy, but is not remarkable otherwise. One great peculiarity is that each professor has his own private collection to illustrate his lectures. It is here you find the immense collection of vesical calculi left by the great surgeon, Abernethy. They are well worth one's study.

In the splendid new pathological building connected with St. Thomas' Hospital, London, they have a well arranged but not large museum. It

is made mostly of wet specimens, well bottled and labeled, of diseased testicles, and dissections and operations of hernia, left by Sir Astley Cooper. It has also a fine array in comparative anatomy.

The museum connected with St. Bartholomew's Hospital is a fine affair, particularly in its arrangements. It has an excellent collection in dissections of the human body, also in comparative anatomy, and a large cabinet in materia medica. Here are exhibited some remarkable specimens of renal stones, some very large, and showing the imprint or cast of the pyramids and pelvis of the kidney. There are many fine specimens of vesical calculi also. Preserved as wet specimens, are transverse sections of the arm, forearm, thigh and leg, showing the skin, muscles, impacted vessels, the nerves and bones, as perfectly as in the frozen specimen. I may also mention exceedingly truthful dissections of the brachial plexus of nerves and of the elbow; all the vessels of the hand, popliteal space and sole of the foot; other sections, showing the origin of the cranial nerves and the anatomy of the base of the brain; transverse sections showing the posterior openings of the pharynx, the base of the skull internally and externally, also the carotid artery, injected, as were the other vessels of the neck. There are many sections of the face, showing the anterior openings of the pharynx, the mouth, the nose, of the eye, and many others, of the joints. The dissections showing the female bladder, vagina, urethra, uterus, and its attachments, the rectum, and a triangular section of the inner anterior surface of the uterus, showing the rugæ of the cervix and vagina, the ovary and fallopian tube laid open, all are excellent and clear, as is also a very valuable specimen in which the uterus is laid open, showing a three months' fœtus enclosed in its membranes and still attached.

All of the specimens are mounted in plaster casts, surrounded by alcohol, covered with good, clear glass and made air tight, as nearly as possible. In this manner they may be seen and studied by the students, who are admitted under the care of the janitor.

At the museum connected with Guy's Hospital they have the finest collection in wax preparations, showing the normal anatomy of the entire human body; also casts in wax, of tumors and diseases of the skin, and of other abnormal conditions of the body, in such number and variety as to render it impossible for me to do justice to them. They have here many pathological specimens showing the work of Sir Astley Cooper during his life.

At the Middlesex Hospital, the museum, though not large, has in it many rare and excellent specimens. In wax models the development of the chick and human ovum, also the fœtus, is shown clearly and to the best advantage. There is a large number of well selected casts of tumors of the body; of broken arms and legs, and of tumors of the penis and scrotum.

The models in wax showing the muscles and methods of tying various arteries are very good.

In wet pathological specimens of cysts of the kidneys, hypertrophy of the prostate gland—some of the latter enormous—diseases of the urethra, intestinal canal, showing ulceration, abscess of the lungs, the various kinds of tumors of the vascular, nervous and osseous structures, etc., one can say the collection is simply grand. The wax models showing the various kinds of ulceration, the diseases and tumors connected with the os-uteri, and forms of carcinoma about the face, are of the best. Some very curious monstrosities and hydrocephalic heads, the latter large, and preserved in alcohol, and the dried skulls of hydrocephalic heads, are excellent. There is here a large collection of skeletons and separated pelves, showing rickets, and one very remarkable skeleton of a youth, showing deposits upon almost every bone, the result of periostitis. There is a good number of fractured bones and dried arterial specimens.

In common with so many of the London museums, this has a large collection of vesical calculi, a peculiarity here being some enormous ones from the horse. Here the students are allowed many of the anatomical specimens to study, and the bones of the skeleton are mounted for that purpose, all under the observation of the curator. There is an excellent written catalogue of the specimens, but, as is the case in so many other pathological museums, no printed one.

They have the neatest museum, dissecting and lecture rooms, connected with St. Mary's Hospital, that can be found in all London. The museum is not large, but in complete order, and contains a number of wet specimens of great interest, especially as regards sacculated bladder, with and without stone; diseases of the joints, especially the shoulder and knee; stricture of the urethra and cystic disease of the kidneys. Drs. Jones and Sieveking, the authors of the excellent work on "Pathological Anatomy," were both lecturers in this institution.

At the museum connected with the London Hospital, one of the hospitals with which Dr. John Hutchinson is connected, they have an excellent collection of skulls, showing syphilitic

caries, and specimens of diseases of the liver, perforation and ulceration of the intestines, diseases of the heart, eye, brain and nervous system, bladder, testes, prostrate gland, urethra and various kinds of herniæ. They have a good number of casts, showing deformities of the feet, etc A large number of biliary calculi are shown; one very large stone, removed from the female bladder by dilatation of the urethra; aged 54. A number of models show the anatomy of the ear, and the normal and pathological condition of the ovum and female organs of generation. There are some fine dissections of monstrosities, showing misplaced viscera and points of union; also specimens of fractured bones, and an excellent exhibit of plates showing diseases of the skin, including the new Sydenham Society's publications. There is one plate quite peculiar, in that it goes to show the eruption on the mucous membrane of the stomach in a case of confluent smallpox, the pustules being filled with pus.

In comparative anatomy there is the skeleton of a lion, remarkable in showing a great amount of exostosis of nearly every bone. In this museum there is a great want of labels on specimens. There is a written catalogue, but no printed one.

They have a small but well arranged museum at the Charing Cross Hospital. It contains some fine specimens of enlarged prostate and diseases of the urethra.

The museum of King's College Hospital is very good in fractured bones preserved in spirits, and in diseases of the arteries and veins. I was especially interested in one specimen, that of an aneurism of the middle cerebral artery, the size of a hen's egg. Diseases of the urethra, testes, prostate gland, and of the uterus, are fairly shown. Some fine specimens of calculi imbedded in the pyramids of the kidney. A few good wax preparations, and a number showing distortions of the skeleton, are seen. There is a rich collection in materia medica and botany. No catalogue, and room and specimens very dusty.

In the museum of University College everything appeared in good order. There is a good collection of wax models showing diseases of the skin, and wet specimens exhibiting diseases of the brain, the various joints, bladder, cystic degeneration of the kidneys, stricture of the urethra, and cancerous and polypoid growths of the uterus. The usual number of human monsters and distorted skeletons from diseased bone are shown: also, a large number of vesical calculi, very nicely arranged. There are some exquisite dissections of the arteries and nerves shown here, and a good collection of broken bones. In connection with the cases of disease of the bladder, I heard Sir Henry Thompson remark "that he had never seen but two cases of true scirrhus of that organ." The specimens here showing diseases of the bones and tumors are numerous. There are some fine wet preparations showing herniæ, the inguinal sack and track of scrotal rupture, also fibrinous bands and slits in the mesentery showing internal strangulation of the intestine. There is here quite a wonderful specimen of scirrhus of the thyroid gland, and a number of specimens of gall-bladder, showing gall-stones in situ, besides a case of rupture of the liver that is quite interesting. In the museums I have mentioned there is, as with us, a great want of printed catalogues.

In arrangements and completeness, the museum attached to St. George's Hospital seems to me to rank next to that of the Royal College of Surgeons. It has a very full and complete printed catalogue, the work of John W. Ogle, M.D., F.R.C.S., and Mr. Timothy Holmes, F.R.C.S. I can speak of but one specimen there, and that is the skin of the cow from which Jenner took his first vaccine scab. It is preserved in a room almost by itself, and when we consider that previous to the great discovery of Jenner it was computed that forty thousand persons died annually, from smallpox, in Great Britain and Ireland; that in twenty-five years Europe had lost fifteen millions of its inhabitants by the same disease; and that in this country the ravages had been even more severe; we will not object to give such honor to anything connected with the discovery that gave us a safeguard in vaccination.

Of the great museum of the Royal College of Surgeons, England, and of the Army Medical Museum at Washington, I cannot attempt to speak. The catalogue of each, with that of St. George's Hospital, may be found in our State Library.

The excellent and grand museums in Vienna, Berlin, Liepsic and Paris, I have hardly time to mention.

But to return to our own museum: I have dwelt upon the facts relating to it because of the deep interest I take, and ever have taken, in its welfare. In proof of this feeling I wish to call your attention to the work that has been done, and is now doing, in the extension. During the past year the faculty have put in readiness what was formerly the lecture room of Professors MacNaughton and Townsend. In it I have placed many of my private specimens, to which I shall add others, amounting in all to something

over five hundred. There you will find a complete set of Bock's anatomical models; also all the plates of skin diseases published by the New Sydenham Society, together with many from other sources. In wet specimens are a large number of pathological ones, illustrating almost every form of disease to be met with in the human body, a collection of renal and vesical calculi, and a large number of gall stones. These are to be arranged so as to make them of the greatest possible use to the students. In another year I hope to have the catalogue complete, when due credit will be given, not only to my old students who have assisted me so much, but to all in the profession who have so kindly aided in forming this addition to the museum of the Albany Medical College.

COMMUNICATIONS.

VERATRUM VIRIDE AND ITS USES.

BY DR. EDWARD H. SHOLL,
Of Gainesville, Ala.

This article is intended to formulate a comprehensive and consecutive use of this drug for twenty years. What it teaches, carefully considered and acted on, will be of more than passing value to the profession at large, and is worthy of their serious attention.

It is not proposed to give arbitrary rules, but guides to those who are willing to learn from the lessons of experience, for the only successful physician is he who treats the individual and not a name, realizing fully the modifying influence of time, place, and personal idiosyncrasy. In its proper sphere of activity it is a gift of God, and apart from quinine and chloroform, no more useful medicine, in its judicious application, has been introduced during the last fifty years. *Age* is no barrier to its use; its range, in my experience, is from the infant of one month to those of past eighty years. *Dose* runs from $\frac{1}{32}$ of a drop to twelve drops, the last the largest I have ever found necessary to give at one time. *Race* has modified its use, so that, save in puerperal diseases, I never give it to the black in any acute disease, his peculiar physical conformation and ready tendency to depression precluding it entirely where it is found most useful in the white—in diseases of the air passages—post-mortem examination definitely proving the lung of the negro to have but two-thirds of the capacity of the lung of a white man of same weight and height.

Diseases of the Air Passages will be first noticed. Here the law that governs its use, and from which I record no safe deviation, is, that it must be limited in its application in bronchitis and pneumonia, more particularly in the latter, to the first ninety-six hours of the attack, unless taken prior to that time, when its safe use may be indefinitely continued. It is out of place after the lung has become consolidated by inflammatory product, or its vesicular substance condensed by mucus or other product.

If this law is carefully followed I avouch its safe use, as I have never found but one case where it gave any cause for any unusual care, and in this case the depression was readily relieved.

Its action is that of a depurant, and an equalizer of the circulation, eliminating by the kidney and mucous surface of the bowel, and coordinating arterial action, so as to relieve either visceral or capillary congestion, and bring about an equilibrium.

In acute laryngitis, acute bronchitis and pneumonia, the best method of administration is to give the full dose, according to age, every two hours, till three doses are given, after that prolonging the interval to three hours, and continue thus, with instruction to reduce dose and prolong interval if nausea or vomiting ensues, and as the patient improves. Unless otherwise indicated, I prefer giving it alone, in a little water, so as to complicate its action as little as possible, using a mercurial or other purgative, if required, and an opiate if violence of cough and pleuritic pain at the outset require relief. I never give quinine within three hours before or after administering it, not fancying its combined action, and seldom or never finding any imperative demand for so doing, for in competitive tests, often repeated, I find here, in a region of country malarial from July to October, and impressing its type in the modification of many forms of disease, and where presumably quinine would be most valuable, particularly in pneumonia, that it bears so little value comparable to the veratrum, that I seldom resort to it, and when I have done so, have generally had cause to regret it. The largest dose for an adult, at one time, given as above directed, need seldom exceed four drops. For an infant one year old I give one-fourth of a drop as a dose; at one month one thirty-second of a drop. I would here say that, if anything, I prescribe it more frequently in infants and children, their ready susceptibility to all catarrhal affections demanding its more constant use for relief of their wants.

In those diseases of people advanced in life, I use it steadily, but in smaller doses, ordinarily giving at the same time a tablespoonful of a mixture of equal parts of syrup of lactophosphate of lime and sherry wine, to stay waste and gently stimulate. With the infant I use, in addition, in an aggravated case, mustard to front and rear of chest, repeated as needed, with hot foot baths, and if it be of the croupous variety, small blisters behind the ears.

The common result of this treatment in my hands, in all cases apparently hopeful, is prompt relief of the severe and often distressing symptoms, and a speedy recovery, with a very largely recorded successful result in the great bulk of cases that afford the least probability of a hopeful result.

A sense of rest, trust and repose has come to me in the constant use of this remedy, that nothing else but the certain antiperiodic effect of quinine gives. In leaving my cases thus treated I have long since learned to leave them with as little anxiety as any conscientious physician can do who has the welfare of others entrusted to his care; and this is no light boon to the professional toiler, often harassed and wearied with the necessary burdens incident to his life.

As this class of cases affords the widest and most constant field for the use of the veratrum, it may be best to specify just where it is inadmissible in them, and to define the other methods of treatment which necessarily stand in contrast.

In the intercurrent pneumonia of typhoid fever it is not safe to use it. Recently, in a case of double pneumonia, in a delicate young married lady, coming on in the second week of typhoid fever, the treatment was uninterrupted through the three weeks of its complication, until its entire relief, one tablespoonful of syrup of lactophosphate of lime with five grains of lactopeptine, every three hours, sweet milk, in quantities varying from one to four pints in twenty-four hours, being the sole diet during that time, with an occasional teaspoonful of paregoric, to control undue activity of the bowels, and three-grain doses of oxalate of cerium, to secure quiet rest and control the delirium, as needed.

Again, it cannot be safely used to any extent in cases of pneumonia with the negro; on the contrary, in a large and continuous practice among them for more than twenty-three years, I have learned to limit my remedies in pneumonia, with them, to whisky, Dover's powder, ammonia and quinine, useful in the order named, a common prescription being two tablespoonsful of whisky to an adult every two hours, sometimes increasing it, treating many grave cases, as pneumonia is by far the most fatal disease of adult life to them, with whisky and Dover's powder and good nourishment alone. Experience has taught me that in the administration of quinine in pneumonia, it is best to give all that is to be given during the twenty-four hours, from 15 to 20 grains in the adult, at the hour of lowest temperature, which is usually from 2 to 6 A.M., all at one dose.

I close the reference under this head with noting a variety of pneumonia, that of the steady, square drinker, who carries regularly his pint to a quart of whisky daily. This class of pneumonias here, however, comes exclusively under the domain of the undertaker, as I desire here to testify that the first case of recovery, by any method of treatment known to me, has yet to come to my notice. In my practice they have been in every instance fatal.

Dr. Edwin H. Watts, my former partner, now a leading physician of Galveston, Texas, said to me, that in a medical career of twenty-seven years he had never known a single instance of recovery.

Dr. Josiah C. Nott, of Mobile, justly famous in his day, avowed that in his long and very extensive practice he had seen no recoveries.

Whether this is climatic, as our average rainfall is about sixty inches yearly, or entirely due to the amount and quality of the other kind of moisture, my range of observation does not permit me to say.

Opium Poisoning, Acute and Chronic.

Years ago, through the columns of the REPORTER, I called attention to its value in acute opium poisoning, administered in ten-drop doses of the fluid extract or tincture, at intervals of ten minutes, in the adult. Further experience has convinced me of its value, as being so great that I have rarely believed it necessary to resort to other means.

A much wider and more benign field of usefulness and great good opens up in its pronounced virtue as an efficient and safe antidote in the chronic opium habit. The attention of the profession was first called to its powerful control over this habit by Dr. Giles, a very capable physician of this (Sumter) county, at the semi-annual meeting of our medical society, in October 1877, who had for some time been carefully testing its decided value in five-drop doses, three times daily. Our Secretary, Dr. R. D. Webb, of Livingston, Ala., and late President of the State Medical Society, at its last annual meeting, called the attention of the profession in Alabama

to it, asking their cooperation in a test of its remedial powers.

The evil has grown to enormous dimensions, marring the peace and happiness of many a household. Some of its slaves would willingly break their fetters, and I offer this to the profession of the world at large, and ask that they test this safe and simple method with those who desire to be relieved, protracting its use, as Dr. Giles did, sufficiently long to give it a valid test.

Chronic Valvular Disease of the Heart.

In aortic and mitral regurgitation, more particularly in the latter, with its distressing cardiac dyspnœa, and other attendant troubles, more relief will be found in the careful administration of equal parts of the fluid extracts of veratrum and digitalis, than in any remedies that can be administered. The doses must be tentatively and steadily given to the extreme limit that can be borne. Ordinarily eight drops of the mixture every three hours will suffice to meet the most urgent indications.

Puerperal Diseases.

In the REPORTER of July 20th, 1878, I entered into detail on the subject of puerperal peritonitis, where the veratrum was certainly the controlling agent in the successful result of treatment. Several times, more recently in the REPORTER of April 12th, 1879, I have called attention to its efficient action in puerperal convulsions in connection with other treatment, and as in severe cases; one I have recorded in a colored woman, where bleeding was inadmissible, there being present a double pneumonia; it, with morphine, brought the case to a happy issue, the woman not becoming conscious till the fifth day; its value here was most admirably developed.

Epilepsy.

I have record of two cases, brought to a successful issue, in one of which restoration to health was complete, in this regard, the remainder of her life. In the other case there has been no paroxysm since 1867. These cases were treated with five drops of fluid extract of veratrum viride, with two grains of sulphate of zinc, three times daily. In one stage of one case the scutellarin was added. My experience here is too limited to be anything but suggestive. It has also been highly recommended in the most violent forms of chorea. Fortunately, I have no personal experience in this disease.

Wounds of the Abdomen.

When the cavity of the abdomen has been entered with a sharp cutting instrument, without any serious lesion of the viscera, but with a severe peritonitis, and the intensest grade of fever possible following the injury, I have pushed the conjoined treatment of veratrum and morphine as steadily, rapidly and fully as could be borne, with the kindest and happiest results, giving here at times the veratrum in ten-drop doses, to combat as rapidly as practicable the violent inflammation. Reasoning from analogy, but not from experience, it is to be supposed that in the judicious use of the veratrum the ovariotomist would find, at times, a valuable addition to his resources.

Vertigo and Apoplexy.

In plethoric vertigo it has been my custom for years past to use it freely. Ordering perfect quiet, in the most comfortable position to the sufferer, ten drops are given at once. The same or a smaller dose is persistently given every three hours until relief is afforded, which is usually the case as soon as the least characteristic effect of the medicine is produced. It is then cautiously continued, due attention being paid to the secretions. In apoplexy with hemiplegia, I have used it freely during the last four years, for as many hours after the attack as was necessary to relieve the unsteadiness and tension of the pulse, with marked and desired results. With this résumé of its action and profitable uses, it is commended to the attention and practical scrutiny of the profession.

RELATION OF TELLURIC AND METEOROLOGICAL CONDITIONS TO MALARIAL DISEASES.

Read before the Williamson Co. (Ill.) Medical Association, October 7, 1879,

BY J. J. FLY, M.D.,
Of Pulley's Mill, Ill.

In order to secure a base for the remarks I propose to make upon this subject, I will give a short sketch of the character of the weather, and associated with it, the degree to which malarial fever and its concomitants have existed at different seasons, in this region of southern Illinois, since 1875. In this description I will not go into the details of minute thermometrical and barometrical ranges, but will give it in a general manner, and mostly from memory.

The winter of 1874-5 was exceedingly cold; many snow storms, and but little rain. The following spring moderately wet and very cool, vegetation being very backward. There was but little manifestation of malaria during this season. After the middle of July becoming very dry, so

continuing until the last of October. The creeks were all dry; wells and springs that were never before known to fail ceased to furnish water: vegetation was parched and withered under the scorching sun, and nearly everybody was sick: often in a family of half a dozen there would not be one found that was able to wait on the others. Intermittent, remittent, typho-malarial, pernicious fever, and dysentery, characterized the prevailing forms of disease. There was some abatement about the middle of October, but a more than usual amount merged into November.

The winter of 1875-6 was very warm and wet. The spring following a few heavy rains, but rather warm, and but very little sickness of any kind. July, August and September was again attended by a "good deal" of malarial fever: these months being very dry, more especially September, which was more sickly than either of the others.

The winter of 1876-7 was very cold, dry and healthy. Spring moderately warm and wet, with but few chills. Summer and fall very warm, but more rain, and a corresponding less amount of fevers.

The winter of 1877-8 very warm and wet; this character of weather prevailing throughout the spring. But little sickness of any kind. The following summer, 1878, is known by its "hot wave," throughout the United States. It commenced here about the 4th of July, and continued throughout August. A drouth intervened soon after hot weather made its appearance, and continued very late in the fall. Pernicious fever, intermittent, and the usual forms of malarial disease prevailed, with considerable mortality.

The winter of 1878-9 was very warm and open until December, when heavy snows and very cold weather supervened, lasting until February, at which time it became warm and rainy.

The spring and summer of the present year has been very healthy; also very dry until the last of June, at which time it began to rain heavily, and has continued to rain every week since that time, the waters in the creeks continually running and overflowing as often as once a week. Vegetation of all kinds at present writing is as verdant as in spring time. The entire season, summer and fall, with the exception of about ten days, has been very cool. We have had less malarial troubles than any year succeeding 1875.

It will be seen, by the foregoing synopsis: 1st. That in the spring and early summer we usually have plenty of rain, and but little malarial fevers.

2d. That in the hot months, when we have least rain, is when these fevers prevail most.

3d. That they prevail more or less in a direct ratio to a corresponding degree of hot and dry weather following a wet season.

4th. That a cool and wet summer and fall, a time when these fevers usually prevail, insures immunity from them.

The above conclusions are the result of experience, therefore palpable facts. And these facts before us furnish a clue that enables us to determine the source of malaria, and under what ground and atmospheric conditions it may be generated. Pure air, pure water, and proper hygienic regulations, cannot result otherwise than in good health. An atmosphere laden with poisonous effluvia emanating from vegetable and animal decomposition, under a proper thermometrical range, will undoubtedly weaken the vital forces; therefore interfere with nutrition and assimilation, ultimating in disease. That foul drinking water, decaying animal and vegetable matter, may envelope us, and be consumed by us as food and drink, without being detrimental to health, seems to be proven by Dr. Rudolf Emerich's experiments, who was "not afraid to"

> "Drink from the gilded pool
> That beasts would cough at."

This dirty, foul smelling, "salmagundi" mixture, contaminated with "dirty rags, hairs of men and beasts, particles of fæces, etc., as the trench was the general receptacle of previous dirt carts, dead cats and the like," that honorable gentleman actually employed as a remedial measure in "constipation, headache, loss of appetite and muscular pains," etc. (Medical and Surgical Reporter, September 6th, 1879.)

But while the crude material of cesspools, in a saturated condition, may be taken into the stomach, go the rounds of the circulation, and be eliminated by the excretions, without prejudice to health, we certainly believe gases arising from them under a July and August sun will propagate malarial fever and all of its concomitants. Endemic diseases cannot be dependent upon any other cause than the peculiar condition of the atmosphere of the locality. An atmosphere that is pure cannot be a factor of disease; as such it must be impregnated with foreign deleterious agents; and they come from no other source than the sea or ground.

This leads us to the point of determining why is it that rainy and warm weather is favorable to health, while dry and warm weather is unfavorable?

In answer to the first proposition of this interrogatory, we must, as has been remarked, necessarily look to the ground and atmosphere.

During rainy seasons, especially winter and spring, the atmosphere is cool, the "ground water" high, and moisture extends to the surface. All debris, either animal or vegetable, is fully saturated with water at a sufficiently low temperature to prevent fermentation, and consequently any noxious exhalation. The atmosphere, from this fact, is free from these intrusions, therefore pure and bracing, which is a most favorable condition to health. In such seasons the temperature of the air is more equal throughout; and to this may be added the allotroptic change of oxygen and ozone, induced by electricity, which is supposed to be a powerful sanitary agent.

The present season, up to this time (September 15th) has been very cool, with the exception of about ten days, just preceding the rainy season, which was extremely hot. At this time the "ground water" became very low, as was indicated by the sinking of the wells in the neighborhood, some going dry. This period was characterized by cholera infantum, which prevailed with considerable mortality, but lapsed into the ordinary form of diarrhœa on the intervention of the rainy season. The "ground water" now arose suddenly; the atmosphere was cooled by the rains, and we had but a small aggregate of malarial manifestations; we can assign no other reason for it than those just mentioned.

The answer to the second proposition, why is it these fevers prevail most in hot and dry weather? throws us upon the same resources as the first, *viz.*, the ground and air.

But instead of running lakes and rills, and a soft and bracing atmosphere, we find dry and parched leaves in the beds of the water courses, and an air laden with the emanations of organic matter, that has been exhaled from decomposing masses on and in the earth. They exist in these localities without being detrimental to health, under a proper cool temperature, but are only waiting for the air to become sufficiently heated to commence the work of fermentation, when they, as "mere chemical agencies, or more probably low forms of life," rise as vapors, thereby becoming the fruitful source of the diseases under consideration. The level of the "ground water" bears a close relation to the prevailing type of disease present. And it is probable that the "under world," ere long, will furnish a solution to the puzzling questions that have hitherto belonged to etiology. "Pettenkofer's observations led Buhl to the discovery that in Munich there was a close relation between the height of the ground water and cases of typhoid fever; the outbreaks of typhoid fever occurred when the ground water was lowest, and especially when it has risen to an unusual height and suddenly fallen."—From a communication by Frank Woodbury, M.D., Attending Physician of the German Hospital, Philadelphia, to the Medical and Surgical Reporter, August 20th, 1879.

From our own observation, malarial fevers exist more or less in proportion to the height of the ground water and the temperature of the atmosphere; that when the ground water is high, and the temperature of the ground and atmospheric air is high, paroxysmal fevers prevail in the sthenic form; and when the "ground water" sinks, and the air becomes cooler, they assume a lower and more continued form.

But while conditions favoring exhalations or non-exhalations are the prime sources in propagating or giving immunity from these diseases: there is another factor operating strongly in freeing us from the contaminating influence of these poisonous effluvia after they have been evolved. We refer to the diffusion of gases. It is a well known fact that there is a constant interchange going on between the ground and atmospheric air. Gases that will not combine chemically, have the power of becoming intimately mixed. Now, while heat favors decomposition and the attending exhalations, it also induces expansion of gases. By this provision the deleterious effects of these exhalations is weakened by their being intimately mixed, therefore diluted, in a rarefied atmosphere. The facility of the expansion of gases is affected by the different degrees of atmospheric pressure. A high pressure is an obstacle in the way, while a low pressure favors it most. When the soil is damp, the air humid, and the season attended by rain, atmospheric pressure is low. If to this be added a warm temperature, the most favorable condition is afforded to the expansion of gases; consequently the greatest diffusion of noxious effluvia, rendering the atmosphere more pure and healthy.

Myopia and the Color of the Eyes.

M. Nicaté stated, at the meeting of the French Society for the Advancement of Science, that as one of the results of his examination of 3434 eyes in relation to myopia, at Marseilles, this defect was observed far more frequently in light than in dark eyes, blue and gray eyes furnishing 18 per cent., and black and brown eyes only 11.27 per cent.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. E. E. MONTGOMERY.

REPORTED BY JOSEPH MARTIN, M. D., INTERNE.

Laceration of Cervix Uteri—Operation.

Eliza S., aged 21, single, of irregular habits, entered the Philadelphia Hospital June 3d, 1879, and gives us the following history: Always enjoyed good health until the birth of a child, five years ago. Since, has experienced a great amount of pain in the back and lower portion of the abdomen, a feeling of weight in walking, frontal headache, poor appetite, constipated bowels; feels weak and nervous; is quite hysterical and cannot sleep. Menstruation was regular until three months ago, when it ceased. She now has a constant, profuse, thick, yellowish discharge or leucorrhœa. You are well aware this group of symptoms is common to a number of uterine disorders. By digital examination, we find the cervix enlarged, the lower end flattened, hard, dense, presenting the sensation of cartilage, the surface abraded and covered by granulations; the antero-posterior diameter longer than the lateral, and a distinct depression or fissure laterally on each side of the os. The uterus is retroverted, and presents a distinct neck above the expanded extremity.

Placing her upon her side, and introducing Sims' speculum, you notice, at once, the flattened end and the fissures laterally; the whole surface red, abraded and granular. It is quite evident, I think, to all, that we have here a woman in whom the cervix uteri was lacerated during confinement; the lips have been everted and the fissures partly filled up by cicatricial tissue. The dense cartilaginous feel of the cervix is due to the infiltration from inflammatory exudation. This lesion occurs more frequently than is generally suspected. According to Emmet, of the cases that came under his care for uterine disorder, 32.80 per cent. of all who had been impregnated were found to have laceration. During this term I have examined the women one month after delivery, and found that nearly 50 per cent. have had more or less laceration of the cervix. Since the attention of the profession has been called to this lesion by Emmet we find operations probably more frequently performed for it than for any other of the genital organs.

In consideration of the causes, parturition must be regarded the most frequent, though it may occur as readily from malpractice in the attempt to bring about an abortion. In parturition it frequently is the result of rapid labor; the cervix, being rigid and undilatable, is torn through by the severe contractions of the uterus: the early use of the forceps before the uterus is fully dilated is another cause; the attempt to push the cervix over the head and hasten the dilatation of the os, is, I have no doubt, an occasional cause. In eleven cases that have come under my notice, in four was there a history of delivery by forceps. In tedious cases, where the head has been pressed upon a tightly contracted cervix for several hours, or, where a lip has been caught and pressed between the head and a portion of the pelvis, the bruised and congested tissue becomes readily torn by a slight augmentation of force. If the patient remains quiet in bed a slight laceration will unite. In the more severe cases, however, as the woman goes about, the weight of the uterus flattens out or everts the lips of the cervix, by pressure upon the walls of the vagina, and increased epithelial formation, inflammatory exudation and infiltration follow. The surfaces become abraded, and are frequently mistaken for ulceration, corroding ulcer, or the incipient stages of epithelioma. In a case that came under my care last spring, there was a history of frequent hemorrhage, violent pain in the abdomen and back, a profuse leucorrhœa, and loss of flesh and appetite; the patient presented a peculiar sallow look, an anxious expression, and was particularly despondent. Upon examination I found the vaginal portion of the cervix apparently absent, and the lower portion of the uterus covered with exuberant granulations, which broke down and bled upon the slightest pressure. I concluded at once that I had to deal with a disease of malignant character; I made applications of chromic acid, once in two weeks, and painted the surface semi-weekly during the interval with a solution of tannin in collodion. Greatly to my surprise the whole surface healed over, the pain disappeared, appetite and general condition improved; the cervix presented five distinct fissures; this patient would not submit to an operation, believing herself well. It was but a short time, however, before the cervix again became abraded, and the same condition will be developed. These cases can be apparently cured by the use of caustics and astringents for a length of time; but upon a little extra exercise, these cicatricial surfaces of low vitality rubbing against the vagina, become abraded, the old train of ills returns, and the patient goes back to her old medical attendant or to some other, complaining of her former trouble. These patients frequently travel from one physician to another, in the anxious search for permanent relief, and at last give up in utter despair. Is there a physician in active gynæological practice that has not met with such cases?

The increased cell formation and degeneration resulting is stated by Emmet to be a frequent cause of epithelioma at the climacteric period.

The mucous follicles gradually undergo cystic degeneration, increasing the eversion of the lips and the rolling out of the mucous membrane.

As a result of the lesion, the patient has a profuse leucorrhœa, complains of weight and pain in the abdomen upon walking, is weak, debilitated, and loses flesh, from the constant drain. The cicatricial tissue developed, as it contracts, presses upon the terminal nerves, giving rise to neuralgia and all its attendant ills.

Laceration takes place most frequently laterally, in some cases but upon one side. In thirteen cases I have seen but one that showed a laceration on one side only, nine on both sides, one laterally and forward, one laterally and backward, and one laterally and through both lips.

Having described this lesion and declared caustics and astringents ineffectual for its treatment, you will inquire what better have I to propose?

A great advance was made in the treatment

and permanent relief of such cases when Emmet proposed paring the edges of the laceration and bringing the freshened surfaces together. I will now proceed to show you how this operation is done. This patient being fully etherized, we place her upon her left side, with the left arm behind her, in the position for the use of Sims' speculum. By this instrument I readily expose the cervix; hooking a tenaculum into each lip, the two can readily be brought together, completely covering the abraded surfaces and giving the organ a more natural appearance. This is what I propose to accomplish by an operation.

As a first step in the operation the uterus is drawn down by a tenaculum and pierced from before backward, by a needle armed with a strong thread. This thread is hooked down from the cervical canal, cut, and the ends tied, giving a handle for each lip. To prevent hemorrhage, I have constructed a tourniquet, by cutting off the end of a flexible metal catheter and passing through it a loop of strong silk cord. This loop is placed well over the cervix, as high up as the vaginal attachment will permit, the ends drawn tight and tied over the rings of the catheter. I now freshen the edges of the fissures; this is done here with the knife, as the induration is so great that I cannot use the scissors; I remove the indurated tissue freely, particularly that in the angles of the fissures. You can see how admirably this improvised tourniquet serves the purpose, not a drop of blood being lost. The wound is now ready for the sutures. The first, or highest, is introduced from the inside, each end of the wire successively, as I can thus bring the suture further back upon the original surface; the others I will insert from one lip to the other, taking care to go two lines beyond the abraded surface upon each side. Three sutures on each side are all that are needed in this case. The sutures are brought together and held by the compressed shot; this done, you can now observe what will be accomplished by this operation. As I remove the tourniquet the hemorrhage is quite profuse, but as the surfaces are closely approximated it will soon cease. It, however, serves to show you what a valuable auxiliary is this simple contrivance, for without it the whole course of the operation would have been complicated by hemorrhage. I now introduce a plug of cotton saturated with a solution of acid carbolic in olive oil, 1 to 16, which will remain for forty-eight hours; the same dressing will be changed daily during the next three days, after which it will be discontinued, and an injection of a carbolized solution used twice daily. She will be faithfully confined to the recumbent position for the next two weeks, using the bed pan for urination and defecation. Her bowels will be kept open. Diet will be moderate and unstimulating.

28th. This patient is again brought before you, having experienced no discomfort except that of lying in bed. I will now remove two sutures on each side, leaving the one on each side nearest the os for a few days, to strengthen the weakly united surfaces. Union has been as complete as could be expected at this time.

At an examination, about the middle of July, the cervix was found completely united, resembling in appearance that of a virgin; the hard, dense feel of the vaginal portion had wholly dis appeared, leucorrhœa ceased, pain absent, an general condition and appearance much improved She expresses herself as feeling well.

PENNSYLVANIA HOSPITAL

SERVICE OF DR. R. J. LEVIS.

REPORTED BY GEO. F. SOUWERS, M.D.

Amputation of the Leg—Modification of Esmarch's Bandage.

GENTLEMEN:—You will remember seeing i this arena, some weeks ago, a man suffering with chronic ulcerated condition of the dorsum of th foot, brought on, as the patient supposed, b exposure, during which his foot was severel frost-bitten; this he tells us took place som four years ago, since which time his foot ha been in the condition you see, perfectly use less as an organ of locomotion, and a constan source of annoyance to him. On further inquiry however, I found back of all this a specific hi tory, and on examining the leg the scars of ol rupial ulcers are found, thus throwing additiona light on the case. The ulcer has a foul, un healthy look, and on exploring with a probe, can penetrate into the ankle joint and come i contact with diseased bone; there is caries and a general ostitis of all the tarsal bones. I a satisfied that there is but one thing to be don for the relief of this man, and that is to ampu tate the foot. The experience of surgeons i against cutting through the os calcis, as in Pirogoff's operation, when there is a specific histor present, the vitality of the cancellated structur of the bone seemingly not being sufficientl healthy to insure the rapid repair. Some per form Syme's operation, but I do not deem thi a good case for such an operation; I think tha amputation above the ankle would be better under the circumstances, as there is thus les chance for the absorption of purulent matte than there is if we go through the more com plex structures of the tarsus.

The question now presents itself as to th preferable plan of operation. I have the choic of four varieties—circular, antero-posterior rectangular and lateral flaps. Of these I pref the latter, in the lower part of the leg. Th rectangular makes a good flap, but there is to much bone sacrificed. Good drainage, enough skin, and not too much muscle, which is liabl to suppurate, are the requisites for a good flap All these qualities, I think, are combined in th lateral flap, especially when cut from without in ward. The flaps made in this manner presen the further advantage of not bulging, as flap made on the old plan do, when brought int apposition, and they slope down nicely an evenly to the bone.

The patient being anæsthetized, the Esmarc bandage is applied to the limb, in order to drai the tissues about to be amputated of their blood and to avoid hemorrhage as much as possible About this bandage and a modification I hav made of it I shall speak later. I now place th patient in position for operation; one assistant who sits on a chair at the end of the table, support the patient's foot and ankle in his hands; anothe

supports the patient's knee. I now take an ordinary heavy scalpel and proceed to fashion the flaps, commencing the incision behind and bringing it in a curved line forward to the crest of the tibia: then I continue the incision on the other side of the leg till it reaches the point of commencement; I now dissect up the flaps till the point at which I propose to sever the bone is reached. The interosseous structures are now severed, the saw applied so as to cut through both bones at once, in order to avoid splintering or fracturing the fibula, and the major part of the operation is completed, the flaps during the sawing being held out of the way by an assistant. The angle at the sharp crest of the tibia is now sawn off, the bleeding vessels tied with carbolized catgut ligatures, the projecting ends of the nerves drawn out and cut off, tendons etc., trimmed down, the lips of the wound approximated by means of metallic sutures, and the wound is ready to be dressed. The wound after closure is washed out thoroughly, by means of injecting a stream of carbolized water, thus disinfecting the tissues and removing all clots and other matter which might have a tendency to prevent union. The carbolized dressing is applied, consisting of lint saturated with carbolized olive oil, in the proportion of one part of carbolic acid to sixteen or twenty parts of olive oil or lard, a waterproof paper applied over all, and around this a bandage, thus completing the dressing.

In regard to the bandage of Esmarch, there is this objection to its use; there is a wide rubber band, which is admirably adapted for the purpose for which it is intended, to drain out the blood from the tissues about to be removed, but to keep up the constriction during the operation, there is provided a narrow circular tubing, intended to be bound tightly around the limb. Now the result of this limited constriction is the production of a paralysis of the vaso-motor nerves distributed to the part constricted; an increased tendency to hemorrhage is thus induced. To avoid as far as possible this result, I have devised a form of constricting band, which I here show you; it consists of a strong flat band, about two inches in width. The ends of this band are strengthened, and several eyelet holes are bored, through which a narrow cord or tape is passed, and by means of which the ends of the bandage are fastened. The advantages of this bandage are the avoidance of linear constriction, and the decreased liability of producing paralysis, the pressure being distributed over a greater extent of surface.

Editorial Department.

Periscope.

The Throat in Tuberculosis.

Dr. F. C. Wilson says, in the *Medical Herald*—

It is surprising how little attention is paid to the laryngoscopic examination of the throat in suspected tubercular cases. Perhaps this may be due to the popular belief that the invasion of the throat by tubercular deposit is a complication of the last stages of the disease. It frequently happens that the throat is the first point involved, and the changes discoverable by the laryngoscope precede the manifestations in the lungs as detected by a most careful physical examination. A familiarity with the earlier changes in the throat may sometimes enable us to detect the development of consumption long before the condition of the lungs would require an examination. Much valuable time, and time, too, perhaps essential to the saving of life, might thus be gained. Among the symptoms which should attract the attention and suggest an examination of the larynx may be mentioned the following:—

First, the change of the voice, during a conversation, from a hoarseness to a high falsetto and then to a whisper.

Second, a frequent desire to clear the throat, causing a short, dry, hacking cough.

Third, difficult deglutition, either from impaired mobility of the thickened epiglottis, allowing substances to pass into the larynx, or from the great pain caused by the movement of the parts.

The first appearances, as far as diagnosis is concerned, are of most importance to us. The paleness of the mucous membrane described by Sawyer is not a simple anæmic condition, for the color is rather a muddy-grayish hue, and many congested capillaries are apparent, frequently producing a scarlet hue, sometimes even livid. The epiglottis soon becomes more or less thickened and tumefied, frequently much misshapen. The thickening is not a simple œdema, but an actual infiltration and tumefaction of the submucous tissue.

When ulceration occurs it may be either in simple superficial erosions, or more frequently in deeper ragged ulcers, with overhanging edges, and extending to the deeper structures, sometimes even perforating the cartilages. When sloughing and ulceration of the epiglottis occurs, it is almost always upon one side of the median line, in a diagonal direction, following the course of the little arterial twig supplying the tissues. The loss of substance occurs, too, upon the side corresponding to the diseased lung. The fearful condition of the poor patient who has such a mutilated epiglottis can hardly be depicted. He can swallow neither liquids nor solids without excruciating pain, and the torture is so great that he will actually starve himself to death rather than make the attempt. Nature can make no successful effort at repair of the rent, for hundreds of times each day, or whenever even saliva is swallowed, the raw edges of the slough are drawn apart, effectually preventing any effort at healing.

Puncture of the Intestines for Intestinal Obstruction.

Dr. W. A. Broadbent, of London, has an article on this subject in the *British Medical Journal*, September, in which he says—

I have recommended and practiced puncture of the intestine several times in intestinal obstruction, and have never seen injurious effects. The precautions which I consider necessary are the following:—

1. To secure, if possible, absolute freedom from peristaltic action of the bowel. This is done by giving an extra dose of opium by the mouth, or a considerable hypodermic injection of morphia, or both, three or four hours beforehand. No food of any kind should have been taken for some time.

2. To select, if possible, a coil of intestine which shall contain only gas, and not liquid. This will be in the jejunum, and is to be found above the umbilicus rather than below it. An indispensable condition is, that scarcely any food shall have been taken during the entire attack.

3. To pierce the coil exactly at its most convex part. The abdomen should be carefully watched for some time at every visit, and especially before the operation. In some cases, where the walls are thin, the outlines of various coils may be traced, even in repose; but this will be more distinct when peristalsis is provoked by pressure, friction, or manipulation of one kind or another; it will be seen also, which coils shift and which keep the same position when contracting. The spot chosen for the puncture should be as nearly as possible over the centre of a coil which does not roll about, and by preference in the linea alba. If the needle happen to hit the line of contact between two coils, it may tear both.

4. To exercise great care and patience during the escape of the gas. The needle should be held lightly, but rather firmly, perpendicular to the abdominal wall, and should not be allowed to follow too readily any movement of the intestine. Under the circumstances of obstruction, the respiratory movements are not great. As the gas escapes from the coil selected for puncture, it will collapse under pressure from neighboring coils, and the flow through the needle will cease; very soon, however, the air in the intestine will distribute itself and enter the empty portion, when it will again escape. This may be aided by gentle manipulation and pressure; but they should not be hastily resorted to; nothing is gained by hurry. Should the tube get blocked, aspiration may free it; but it is safer to drive a little air through the tube into the bowel than to exert powerful suction, which may draw the mucous membrane against the sharp needle.

It is better not to put on a bandage after the operation.

Puncture of the intestine can relieve obstruction only very rarely, and under exceptional circumstances. In the case related, in which there was reason to suppose that the cause of obstruction was external to the bowel, and was due to pressure by the tumor, or by adhesion, or to displacement and dragging of a portion of intestine, it was hoped that removal of distention might permit the parts to return to their previous condition and situation; and other conditions may be imagined in which this might occur, but it could have no effect on a stricture or intussusception. My own experience, however, would lead me to recommend puncture as a palliative; and though I have no experience to guide me, I should think it might be a useful preliminary to inflation, manipulation, suspension head downward, or other procedures in intussusception, twisting, or imprisonment of the bowel by adhesions.

The Treatment of Ophthalmia Neonatorum.

On this subject, Dr. C. Lundy writes to the Detroit *Lancet*, October:—

No absolute rule of treatment can be laid down which will apply in all cases, for certain ones will present conditions peculiar to themselves, and the practitioner must use his own judgment in their management. In the first stage, cold applications, made with proper care, will be useful in a majority of cases, while others derive little or no benefit from their use. Indeed, I have seen very happy effects from warm water applications in this stage of the disease. However, before they come under observation a majority of cases will have reached the second stage of the disease, which is indicated by the muco-purulent or purulent character of the discharge.

Then it will be necessary to cleanse the eyes thoroughly once in two, three or four hours, in a majority of cases, and in some instances they may be cleansed less frequently. The edges of the lids should be kept well anointed, in order to permit the free escape of the secretions, which may be wiped off with a piece of soft linen cloth from time to time. This is an important part of the treatment, and should be attended to with care. To the everted lids, after the eye has been thoroughly cleansed, applications of nitrate of silver, grs. 3, 5 or 10 to the ounce of water, may be made twice daily; or the mitigated stick (argent. nitrat., one part, potas. nitrat., two parts,) may be applied once daily, care being taken to wash off the latter. As the discharge grows less and the inflammation begins to subside, the applications may be weaker or they may be used less frequently. Other remedies may be used, either alone or in conjunction with these, but the foregoing will meet the indications in a vast majority of cases.

Phytolacca Decandra in Mastitis.

Further evidence of the value of this plant in mammary inflammation is given in the *Medical Biweekly*, Sept. 27th, by Dr. Wm. F. Holt, of Ga. He gives this case:—

On the night of November 12, 1876, I was called to see Mrs. A. B., in labor with her third child. Nothing unusual occurred, and on the following morning the labor successfully terminated. On visiting her the third day my attention was directed to the hard and painful breasts; her mind filled with gloomy forebodings, as she informed me that in both of her previous confinements they had caused her intense suffering, and had to be lanced several times, and that her convalescence was slow and tedious. Upon examination, I found both glands filled with several

hard nodules, and very painful. She stated that previously she had used various plasters that had been recommended, and that belladonna, both in the form of ointment and the fluid extract, had been used. I at once ordered her to take five drops of the fluid extract of phytolacca decandra every three hours, until its constitutional effect was produced, and then to suspend its use, or lengthen the intervals. I confess that my faith in the remedy was not very great, but it was the only one at my command. She faithfully carried out my directions, and in a few days all traces of the inflammation had disappeared. The same lady was confined again in 1878; the same symptoms presented themselves, and were again promptly relieved by the phytolacca decandra, administered as before. I could produce several more cases from my note book, showing the good effect of the remedy, but as *all* were attended with similar results, I deem it unnecessary.

Dr. Chas. H. Hall, of this city, informs me that he uses the fluid extract as a local application to the gland in addition to giving it internally, and that it rarely disappoints him in arresting the inflammation.

In this connection I would remark that the most reliable preparation I have used is the fluid extract (from the fresh root).

The Use of the Cold Bath in Enteric Fever.

Dr. Alexander Collie, Medical Officer to the Homerton Fever Hospital, writes, in the *British Medical Journal*, Sept. 20:—

A study of the papers of Professor Liebermeister and others, on the use of the cold bath in the treatment of enteric fever, led me to try it on the cases which came under my care in the Homerton Fever Hospital. I have given, personally, one hundred baths, some in severe, others in moderately severe, cases, taking as my guide not the temperature, but that *plus* the patient; for in this relation, as in others, patients vary much; the temperature with which one man may be highly delirious another bears with comparative equanimity. In the administration of our baths, then, we had regard less to the temperature than to the age, the state of heart, restlessness, and sleeplessness, and chiefly to the last. If the patient had not slept for two or three days, even if the temperature fell short of 103°, he was wrapped in a flannel dressing gown, and placed in a bath of 70° Fahr., gradually reduced to 60° in from ten to fifteen minutes, at the end of which time he was removed to bed, wrapped in a blanket. In nearly all the cases we thought it prudent to give some stimulant to the patient in the bath, from noting that its effect was to weaken the pulse, which fell but a few beats in frequency, and became thready, compressible, wavered, and sometimes almost disappeared. It required resolution to proceed with the bath in such circumstances—circumstances pointing to impending collapse, a result which occurred in two cases. The general effect of the bath was to lower the temperature, taken *per rectum*, two to three degrees at once, and for about three-quarters of an hour after the bath it continued to fall, about which time the maximum fall had been reached. It then began to rise, reaching its former height in periods varying from one to several hours. In a large number of cases sleep followed, varying from half an hour to two or three. The general conclusion formed of the value of the bath was that, in the milder cases and in some of the severe cases in the early period of the disease, the bath given once or twice daily was a useful way of relieving the discomfort produced by the heat, of allaying restlessness and producing sleep; that, beyond temporary relief of symptoms, it had no effect on the course of the disease or on the general mortality; and lastly, that in severe cases the remedy was inadmissible, owing to its depressing effect on the body generally, to the exhaustion which its administration entailed; but above all, for its definite and marked effect upon the circulation, which is invariably greatly weakened. In other words, that the bath was useful in relieving symptoms in those cases whose natural termination is recovery; inapplicable, by reason chiefly of cardiac weakness, in those cases whose natural termination is death; that is, in the cases in which specific treatment is needed. The depressing effect of the bath has been noticed by Professor Liebermeister, who considers a very high degree of cardiac weakness an important contraindication. What, exactly, may constitute such a condition, will be differently estimated by different persons; but it may be inferred reasonably that one who has been the subject of a fever whose definite and specific effect is to produce, and that rapidly, some kind of muscular degeneration and death by asthenia; one who has, let us say, passed ten days without sleep and with little or no food, is a person whose condition generally is one of weakness, and whose heart in particular is weak in a very high degree. What might be inferred, a look at the patient shows at once. He lies prostrate, unable to turn on his side or help himself to a drink, the impulse of his heart gone, the first sound inaudible, and the pulse quick and feble; in short, in a condition of exhaustion. Such a person, I submit, is one in whom there is a very high degree of cardiac weakness. To put the case briefly, those severe cases in which there is every probability of a fatal result from bodily weakness and severity of disease are not cases in which the "antipyretic treatment" is admissible.

The Treatment of Syphilis.

Dr. Brandis, of Berlin, says the *Practitioner*, is an entire adherent to the method of treatment by inunction in cases of syphilis, and he especially recommends it for children; he would also employ it in induration previous to the onset of the general symptoms. Dr. Brandis goes minutely into the question as to the time for making the inunction, and his rule is as follows: So long as the healing of a syphilitic affection progresses under the use of mercury this treatment should be continued, and other remedies should only be employed when the favorable action of the drug ceases. The length of time required for the saturation of the system, and when that point is reached, the interval which must be allowed before the inunction can be again returned to, depends so much on the idiosyncrasy of the patient, that no rule can be laid down beforehand. In the majority of cases, however, the

mercurial treatment can be adopted again after an interval of one or two weeks.

The Hypodermic Use of Morphia in Choleraic Diarrhœa.

Dr. Wm. Hardman, of Blackpool, writes to the *Lancet*, September 27th—

I have now followed this treatment as a part of my ordinary therapeutic routine for about three years, and have never found it fail in a single instance. A good many times during that period I have been called to people who, after vomiting and purging a various time, have been cold, livid, voiceless, almost pulseless, with blue lips and glassy eyes, cramped all over, and with the watery dejections running almost constantly, involuntarily, from them. I have given a hypodermic injection of half a grain of morphia, and in ten minutes the purging has ceased entirely, and recovery has ensued. Often purging is instantly stopped, not a single evacuation occurring after injection. At the utmost there will not be above one or two, which will occur in the ten minutes following. To the patient the change wrought in his condition seems nothing short of miraculous, and I say deliberately that in the whole range of medicine there is no one deed so gratifying to both patient and practitioner as the administration of a hypodermic injection of morphia in choleraic diarrhœa. The vomiting often persists for twenty-four hours, or so, afterward, but may be safely left to subside of itself, as all the danger is due to the purging.

Every now and then the practitioner will meet with a case where, after having given a hypodermic injection of morphia, the purging returns in a few hours. He may safely affirm, in a case of this kind, that the disease will turn out to be dysentery, though at the time the motions may be copious, pale, and watery, and not present the least resemblance to the usual discharges of dysentery. They will with certainty ultimately assume the dysenteric character, and other remedies may be at once tried, as opium and morphia possess no curative power over dysentery. It may be mentioned that the injection of as much as half a grain of morphia in choleraic diarrhœa is hardly ever followed by sleep, but a sensation of indescribable comfort and ease soon diffuses itself over the patient. As a rule, unless the patient be in a really critical state, a quarter to a third of a grain is ample; but if he is cramped, and signs of collapse appear, half a grain may be at once given without the least fear.

I will not encroach upon your valuable space with a description of a series of cases of a disease familiar to every practitioner, but merely end this communication by a summary of my conclusions, which are as follows:—

1. Choleraic diarrhœa can always be immediately stopped by the administration of morphia hypodermically.

2. If severe diarrhœa have persisted two hours, in spite of the administration of opium or morphia by the mouth, frequently, the hypodermic injection of morphia should be at once resorted to.

3. If cramps and collapse be present, the purging persisting, no time should be lost in administering morphia, subcutaneously, in full doses.

4. The treatment is absolutely free from danger, even if temporary suppression of urine or albuminuria be present.

5. Where not curative, the treatment is diagnostic, enabling us to foretell with certainty the advent of dysenteric symptoms.

6. The best preparation of morphia for this and other hypodermic purposes is the sulphate, on account of its smaller liability to undergo change into apomorphia.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Atlantic Monthly* continues to rank as one of the very choicest of the literary monthlies. The last number has a series of articles of the most creditable character, and the reviews of books, both foreign and American, serve to keep the reader acquainted with the leading productions of our literary men in a very satisfactory manner.

——The eighth part of the Atlas of Histology, by Dr. E. Klein and Mr. E. Noble Smith, takes up the subjects of blood vessels and lymphatic glands. It includes the structure of the heart, the development of capillaries, of lymph follicles, and other matters kindred thereto. The engravings are excellent and the text clear. For sale by J. B. Lippincott & Co., Philadelphia.

——In a reprint from the New York *Medical Journal*, Dr. Putnam Jacobi examines the question of the "sedative" dose of calomel. This is stated to be 15 to 20 grams and not larger, and the best method of its administration that it be placed dry on the tongue or rubbed into it. The indications are precise, and it should not be used unless these really exist or justify so heroic a remedy.

——The address of Dr. C. H. Todd, President of the Kentucky Medical Society, is upon the higher medical education, which he earnestly endorses, and calls especial attention to the fact that it is not merely or mainly teachers in colleges, but prominent practitioners everywhere who have the power to secure it. As he says—

"Let the leading practitioners realize the fact that upon them devolves the duty of securing these great objects, a higher medical education and the enactment and enforcement of proper sanitary regulations. Let them prove themselves worthy of the great trust which they have accepted, and we will soon welcome the day when the Art and Science of Medicine will stand

above all other professions and sciences, in effecting its grand mission, of promoting the comfort, relieving the afflictions and increasing the usefulness of human existence."

——The Annual Report of the Vital Statistics of the City of Providence, prepared by Dr. Edwin M. Snow, gives a ratio of births, marriages and deaths to population, as follows:—

One birth in 38.44, or 26.01 in each 1.000.

One person married in 49.70, or 20.12 in each 1000.

One death in 50.78, or 19.69 in each 1000.

The average annual rate of mortality in Providence during the 24 years, from 1855 to 1878 inclusive, has been less than 20 in each 1000 of the population. This rate is very small for a city of the size of Providence.

——Dr. Samuel A. Jones, Professor of Materia Medica, on the homœopathic side of the University of Michigan, has had published a little book, entitled "The Grounds of a Homœopath's Faith," three lectures before a class (Bœricke & Tafel, New York City). It is chiefly made up of quotations, and presents no other grounds than those which have been undermined, washed away and dissolved long since, by scientific criticism. It is well that he calls it "faith," which is defined to be "belief without knowledge," or "a belief in things not seen."

BOOK NOTICES.

Winter and its Dangers. By Hamilton Osgood, M.D. American Health Primers, No. VI. Lindsay & Blakiston. Price 50 cents.

The appearance of this work is timely, coming almost with the first frost. The author speaks at all needed length on errors in dress, carelessness in bathing, in ventilation (or, as he calls it, with an affectation not in the best taste, and quite inaccurately, "pulmonary food"), neglect of exercise, the dangers of school life, and several allied topics. The style is agreeable, enlivened by numerous anecdotes, here and there with visible effort, indeed, but on the whole, very readable. We are glad to see that he has the courage to register a doubt about the propriety of the Turkish bath, and wish he had spoken far more decidedly. It is an exotic interloper, wholly unsuited to our climate and character. In conclusion, we must say that, while officially sympathizing with and endorsing the excellent and minute advice this book contains, we are obliged to whisper to ourselves that anybody who carried out the care of his own health to the fine point suggested would be a thought more unbearable to live with than Dickens' famous characters, Mr. Coddle and Mrs. Coddle.

Diseases of Women. By Lawson Tait, F.R.C.S. Second edition. Wood's Standard Medical Library. 8 vo., pp. 192.

Mr. Tait is a careless writer, whose style is unpolished and his arrangement indifferent; but he is a man of sound sense and great experience, and in spite of his manner, he attracts by the decision of his sentiments and the closeness of his observation. How refreshing it is, for example, to find a specialist in his branch who boldly advocates sound general instruction to girls in the hygiene of the sexual life. He is almost the only one we know who has had the courage to do so. "It is a sad misfortune," he observes (p. 29), "that all sexual questions are so completely hidden from children at puberty that they are driven to make discoveries for themselves." He also condemns the convent-like seclusion of girls' seminaries, and says, "it is a mischievous plan to draw wide barrier lines between the sexes in youth" (p. 126). "It is the duty of every parent to give to every child instruction in the nature and purport of sexual function" (p. 91).

Some of his observations are most important in a medico-legal view, especially those showing the inexplicable precocity and atrocity of girls, some not over ten years of age, who have accused men of rape, and gone into all the particulars of the act, when it never took place, nor had a shadow of foundation (p. 28). An interesting statement he makes is, that the popular idea that suckling the child tends to prevent conception is erroneous (p. 65). Is this so? Certainly, the majority of obstetricians think otherwise.

The work should have had a fuller index, and the cuts are poor.

Students' Aids Series. Aids to Anatomy. By George Brown, F.R.C.S. Aids to Therapeutics and Materia Medica. By C. E. A. Semple. Aids to Forensic Medicine and Toxicology. By W. D. Hemming, M.R.C.S. New York. G. P. Putnam's Sons. Price 50 cents each.

On a previous occasion we have noticed this series, when they were first introduced to the American public, several years ago. They have met with good success in England, but experience has convinced us that they are not adapted to the courses of instruction in this country; and we do not believe they will be of much advantage to students.

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THE RELATIONS OF PHARMACY AND MEDICINE.

A correspondent of this journal recently remarked that one benefit which young physicians derive from keeping on hand and dispensing their own medicines was that they thus secure a practical familiarity with drugs, which they could not obtain in the course of ordinary medical education.

This is no doubt true, and it is to be regretted that with all the advances in modern medical education less and less attention is constantly paid to pharmacy in the regular course. The time was when it was believed that a year in a drug store was time well spent by the young man expecting to become a physician. This is so no longer, and the student who reads in a city physician's office, pursues the ordinary curriculum, passes a year in a hospital and enters private practice, has almost no opportunity to learn to recognize drugs when he sees them, let alone to familiarize himself practically with their pharmacal properties.

Much of the indifference to therapeutics arises from this fact. Elegance and accuracy in writing prescriptions are little attended to. A foolish fear of polypharmacy, and the popularity of the example of the homœopathists in prescribing according to their law of the single remedy, have acted to discourage the use of well balanced prescriptions. What, no doubt, adds to this, is the extension and development of the arts of the pharmacist and his proprietary remedies. The latter are palatable, numerous, and suited to almost any case. Hence, as was satirically remarked before the Academy of Medicine of Paris, by Dr. CHATIN, in a recent discussion—

"Thanks to the enterprise of wholesale druggists, a host of *elegant* preparations are always at hand, which relieve the scientific *clinicien* from the ridiculous absurdity of writing a useless formula. Now that diseases are allowed to run their normal course under the watchful eye of the medical naturalist, the exhibition of an inert but *elegant* granule must he considered a vast improvement upon the active interference of our physicking forefathers."

In the last address of the President of the British Pharmaceutical Conference, Mr. SCHACHT, he drew the attention of his hearers to the questionable propriety of this disunion of the medical and pharmaceutical professions, and the injury it does to each, although confessedly associated with advantages to the latter. His words were—

"The very circumstance that appears to stamp pharmaceutical progress as unique, and to give it a special dignity—I mean its self-originating and self-sustained character—has largely tended to limit all knowledge of it to those who have specially watched the phenomenon or taken part in it. The policy of those who initiated, as of those who continued the effort, was one that all can respect for its independence, but which I cannot but fear time and experience will show to have been in this important respect unwise. It has served to intensify isolation where unification should prevail. The withdrawal of ourselves and our educational processes from the general professional ken has tended to encourage the elimination of the sciences we specially cultivate from the complete medical curriculum, and to foster the notion I have already deplored, that they are accessories of inferior value, and non-essential to medical culture. For this we must still bear our share of the blame.

"But wheresoever the blame should chiefly lie, I think that the fact of the practical isolation of pharmacy and its professors from the rest of medicine is due to the general defective acquaintance on the part of the professed medical man with both our subjects and our men."

One of the consequences is that the necessity

and the art of making medicines palatable are not sufficiently appreciated by physicians. It has been well observed by a recent writer on diseases of children that this is not only a question of taste; it is in very many cases one of the utmost utility. It is important for the physician to choose those medicines which are not only likely to prove beneficial, but which are readily taken by patients; for even valuable remedies may prove injurious by force or effort being required to enable them to be swallowed. They are, in consequence, either not given at all or only partially, while the excitement induced by their being forced often mars their usefulness. In no diseases is this more likely to occur than in those of an inflammatory character, requiring gentle and soothing remedies.

We should welcome, therefore, the efforts of the pharmacist in presenting agreeable and active combinations, but we should not repose entirely on his skill. A particular and practical familiarity with the qualities of articles of the materia medica and the processes of pharmacy will lead to the discovery of effective combinations and a confidence in the power of drugs which is now absent from many minds.

Notes and Comments.

Therapeutical Notes.

BORACIC ACID IN ECZEMA.

Dr. E. Kurz, of Florence, Italy, recommends

℞	Acidi boracici,	5 parts.
	Unguenti petrolei,	5 to 10 parts.

Apply once or twice a day, in eczema, impetigo and prurigo.

SALICYLATE OF SODIUM IN CHOREA.

The *Bulletin Général de Thérapeutique*, 1879, contains a report of a case of chorea in a girl, aged ten years, under the care of Dr. Dresch, in which he used the salicylate of sodium, in the dose of a drachm and a half per diem. At first the medicine was rejected by the stomach, but after two days was tolerated. The exhibition of the medicine was, according to the report, followed by total cessation of the choreic movements and complete recovery in eight days.

CARBOLIC ACID SPRAY IN WHOOPING COUGH.

In the October number of the *American Journal Medical Science*, Dr. J. Lewis Smith reports very favorable results from inhalation of the following spray:—

℞.	Acidi carbolici,	ʒ ss	
	Potassii chloratis,	ʒ ij	
	Glycerinæ,	ʒ ij	
	Aquæ,	ʒ vj.	M.

To be used through a steam atomizer, three times daily, two to five minutes at each sitting.

Dr. Smith does not seem to be aware that Dr. Burchardt, of Berlin, employed this method about five years ago (see Cohen, *on Inhalation*, p. 155).

BISMUTH IN DYSENTERY.

In the *Lancet*, October 4, 1879, Dr. E. P. Houghton recommends—

℞.	Bismuthi subnitratis.		
	Pulveris acaciæ, āā	ʒ ss	
	Aquæ frigidæ,	ʒ ij.	M.

For a rectal injection, one to three times daily. This relieves the tenesmus and tormina in a very short time. In addition he gives ipecac., ℈ j—ʒ j, at intervals of eight to twelve hours, when the rectal symptoms are urgent. He has tried this treatment successfully in hundreds of cases.

Forms of Scarlatinal Poison.

Dr. D. P. Allen observes, in the Boston *Medical Journal*, that the following propositions can be abundantly established by observations and cases of the most reliable medical writers: 1. That during the prevalence of scarlatina there may occur cases of sore throat, both in those who have previously had scarlatina and in those who have not, and that this may be the only manifestation of the disease. 2. That these cases of sore throat without rash may communicate true scarlatina to others. 4. That scarlatina anginosa may be complicated by diphtheritic exudation. 4. That the period of incubation in many well-authenticated cases has not exceeded twenty-four to thirty-six hours. 5. That a patient in the first stages of the disease is capable of communicating it to another.

Intermittent Hemorrhages Caused by Malaria.

At the French Association for the Advancement of Science, M. Massart spoke on this topic. He quoted a curious case that had recently come under his observation. A lady who had had a tooth extracted by him told him, two days after the operation, that she had lost a great quantity of blood by hemorrhage soon after. Two days later she had another hemorrhage, and in spite of all his efforts to arrest it, another very considerable hemorrhage took place after an interval of two days more. Struck by the periodical

recurrence of these hemorrhages, M. Massart prescribed sulphate of quinine, and the phenomenon ceased.

During the discussion which followed, M. Castan observed that similar cases occurred very frequently in Montpellier.

M. Baréty said that he had frequently observed pulmonary and uterine hemorrhages of miasmatic origin. The pulmonary hemorrhages differed from hemorrhages that were determined by some other cause, both at their onset and end. The blood began to flow suddenly, without any premonitory blood-spitting or taste of blood in the mouth, which symptoms always, as a rule, preceded or followed pulmonary hemorrhages in tuberculosis. He added that, in all such cases, there were more or less slight symptoms of affection of the apices in the lungs.

Antidotes to Poisons.

Quoting from the *Pharm. Centralblatt*, the *American Journal of Pharmacy*, October, says: Jandousch's general antidote for metallic salts consists of a mixture of iron sulphate and magnesium hydrate. As a certain preventive of phosphorus poisoning, if administered immediately, he recommends an emetic consisting of 0.8 gram cupric sulphate, and as a reliable antidote for carbolic acid, a mixture of 1 part calcium hydrate and 3 parts of sugar.

Hager considers freshly precipitated sesquioxide of iron an equally efficacious antidote for phosphorus, and also suggests the immediate administration of an emetic consisting of 1.0 gram cupric sulphate, followed by 0.5 gram of the same emetic every five minutes until the patient vomits, in case of poisoning with hydrocyanic acid or potassium cyanide.

The strychnia antidotes are very numerous; tannic acid, chloroform and chloral hydrate, in connection with emetics, however, appear to be most reliable.

Subconjunctival Entozoa.

Under this title, Dr. Fienzal has published, in the *Gazette Hebdomadaire*, September 12th, a paper which he read at the recent congress at Montpellier, giving an account of two cases of subconjunctival hydatids that he has met with at the Clinic of the Hospice des Quinze-Vingts, of which he is senior physician. One of these occurred in the person of a girl sixteen years of age, the cyst containing the *tænia echinococcus* having formed amidst the fibres of the rectus externus, producing a tumor as large as a chesnut. The other occurred in a girl three years of age, and consisted in a tumor the size of a nut, placed between the insertions of the rectus inferior and the rectus internus. On the extirpation of the tumor a vesicle the size of a cherry was removed intact, containing a *tænia solium*.

Lactation by Males.

The existence of the mammæ in the male is a striking example of the conservation by nature of useless parts—merely out of habit, as it were. Physiologists record various examples of actual lactation by males, to which one has been recently added by Dr. Krieger (London *Medical Record*). He reports a peculiar case of "gynæcomazia" which came under his notice some time ago. The patient was a boy, aged 7, who complained that his breasts had begun to swell for some time past, and that a fluid dropped from them. The history of the boy was good; there was nothing abnormal in his outer appearance. The breasts had been swollen during the previous week, and the secretion had oozed out of them. The boy's general health was not impaired by this phenomenon. On examining his breast, it was found that the mammæ resembled those of a girl aged 13 or 14. They were slightly pointed, the skin being very thin, delicate, and transparent. There were no long hairs on them. Both papillæ were small and flat. Beneath the right papilla was a tumor of the size of a Spanish nut; beneath the left another tumor as big as a walnut; both were covered with small nodules, and not painful to pressure. On pressing the papillæ slightly, or even when they were not subjected to pressure, small drops of a milky liquid oozed out of them. The fluid was alkaline, had a sweetish taste, and exhibited under the microscope a small number of milk globules and epithelium from the milk glands. The fluid oozed out, more or less, continually. No treatment was undertaken.

On Bark Splints.

Dr. Bettelheim, of Berlin, says that for several years he has, in treating fractures, used splints made from the bark of branches of cherry and plum trees. The bark is peeled off in autumn, from the green branches, and kept till used. Before the splints are applied, they are put into hot water for about a quarter of an hour. In this way they become quite soft, and may be twisted into any particular form, which they retain after having grown cold and hard.

Why would not the spruce bark of our northern forests be better than either of those here mentioned?

Sulphur in Diphtheria.

This was originally suggested by an American physician, and has been warmly advocated by Dr. J. A. E. Stuart, of New Brunswick. In the October number of the *Practitioner* he gives some further results of his experience, in these words:—

Since writing the former paper on this subject, I have treated several cases in the same manner, and with like excellent results. I now find that to rub the sulphur up with a little water, and apply it on a swab to the throat, is the easiest and safest method of application, for in blowing the dry substance on the throat it was sometimes not so easy to get it on the desired spot, and besides, the patient, especially if a child, was very apt to cough up sputa in your face, a most dangerous proceeding. In addition to this, I am of opinion that the moistened sulphur sticks better to the throat than the dry substance, and this is, I think, the advantage which a solid antiseptic has over a fluid, viz., that it exerts its action for a longer time, and this, I think, is also in favor of the method of treatment, where powdered benzoate of soda is blown on the throat.

In using sulphur præcipitatum we get a substance which, being free from grittiness, is more agreeable to the patient. To show the rapidity with which the disease disappeared when treated in this way, I find that of six cases under this method successfully treated, the average number of visits required from me was 2.5; an extraordinary statement, but one which is perfectly correct.

Correspondence.

Case of Hydrophobia.

Ed. Med. and Surg. Reporter:—

June 4th. 1879, Captain O. F. West, aged about 45, noticed a strange dog about his yard for several days, drinking the slop from his hog trough, and several times hissed his own dog on him, and ran him away from the premises; on the unfortunate morning above he was in the yard dividing the food thrown out for his own dog, and they soon began to fight over it; the Captain ran out, intending to kill the dog, when the dog made at him; he, catching at him with his left hand, received a wound in the hand near the wrist, the teeth piercing the flesh; he then killed the dog on the spot. The same dog bit a number of dogs in town, none of which have as yet shown hydrophobic symptoms. The wound in the hand healed up kindly in a few days, and no more attention was paid to it.

September 16th, the Captain was taken sick while in a political meeting and had to go home; he sent for Dr. O. H. P. Slaton, who found him strangely affected, with sick stomach, and vomiting a viscid, bluish fluid; had strange vertigo; would vomit on opening his eyes. Gave him some medicine to cleanse what he considered a foul stomach. His bowels were very hard to operate on; his tongue was heavily coated with a white coating; he suffered with a dull heavy pain at base of brain, running down the spine and was very nervous, especially at night; treatment seemed to relieve most of these symptoms, except an inability to control his head; he frequently asked his wife to raise it for him, and after he was able to walk about the streets he had a continual pain at the base of the brain, and said his head felt too heavy and he could not see well. I prescribed, for this feeling, gelsemium tincture, five drops every four hours; that seemed to remove it for a time, but soon lost its effect. On the 10th of October the pain became worse again, with sick stomach; gave him some blue mass and calomel pills, that operated well, but on the 11th of October he came to the office and stated that his bitten hand felt as if the dog had just inflicted the wound, and that the skin of his arm felt sore the entire length, extending to the base of the brain, and in the night it seemed to settle in the humerus. 12 o'clock, still worse; pain in the hand, arm and base of the brain so great, applied a blister to the nape of the neck, that drew well in a few hours, but gave him no relief; his head seemed to fall in any direction it got a start; in the night of the 12th, he had a return of sick stomach, with pain in the bowels, and he became very restless and nervous; the pain in the hand and arm ceased, but he still suffered with the back of his head and spine; at four o'clock in the morning he asked for a drink of water, and when he attempted to drink it he said that he strangled and jerked so that he did not drink much of it; at daylight he became so nervous that Dr. McFarland gave him a dose of morphine, which quieted him.

8½ o'clock A.M., 13th, I visited him in consultation; found him quiet, pulse 120, head inclined to right, and considerable pain in back of head; gave me history of the feeling in hand and arm running up to back of head, and his inability to swallow water; I handed him a glass of water and he shuddered and caught his breath, but succeeded in swallowing a little at the third trial, with great effort; I then handed him a bowl of water that had set in the sun all morning, told him to put his hand into it, and it was attended with the same shuddering and spasm of the chest; then the right hand, with same result. We then informed him that he had an unmistakable attack of hydrophobia, and advised him to set his house in order, for death would be the inevitable result. He asked that we blister the site of the old wound, that was entirely healed long since, which we did, and gave him morphine under the skin, but in spite of that, by 12 o'clock his symptoms were of the worst kind—constant spasm of the chest and throat and perfect horror of water or anything of a fluid kind, but distressing thirst and dryness of throat, constant effort to clear his throat and spit; noise of any kind producing spasm, or a breath of air; mind perfectly clear; made his will and all his requests as to what disposition to be made of his body and effects; was a very intelligent man, and said, "after going through two wars, and crossing the

plains of California by overland, then to have to be killed by a trifling dog, looked hard;" frequently sat up in a chair and conversed. All the symptoms continued to grow worse until 1 o'clock on the 17th, when he expired.

The poison in this case seemed to remain dormant in the system four months and nine days; and from all the facts we can gather, the dog was not rabid, but only in an angered state, at the time of inflicting the wound, for he was seen drinking water for several days previous, as well as walking about without hydrophobic symptoms. I have given this case somewhat in detail because of its interest to the profession.

I will further add, that out of a number of dogs bitten, in a tussel with this one, not a single one, up to this date, has gone mad. We did not attempt any treatment in the case, except the exhibition of anodynes—morphine, hydrate chloral and monobromide camphor; it required very large doses of these to at all control the spasm of the chest.

J. R. Slaton, M. D.

Senatobia, Miss.

New Method of Plugging the Posterior Nares.

Ed. Med. and Surg. Reporter:—

Below I give you an extract of a paper read by me before the Highland County Medical Association, July 10th, 1878, on the subject of Purpura Hemorrhagica, setting forth a new plan, so far as I know, of passing the loop preparatory to tamponing the posterior nares.

"Probably the best device for the mode of operating to which I refer consists of a piece of round, fine-linked, gold chain, slightly flexible and smooth, about one-tenth of an inch in diameter and an inch or more long, attached by one end to a fine waxed silk cord, a foot or more long. If such a chain is not procurable a short strand of metallic cylindrical beads, or bird shot, compressed on a cord, or small strips of sheet lead wrapped on the cord, might answer the purpose, the essential qualities of a nasal gravitator being smallness, smoothness, heft and slight flexibility. After providing an instrument, which can generally be done at any farm house, the patient is then laid upon the back, the floor of the nose brought as nearly vertical as may be, and the loaded end of the gravitator lowered into the pharynx. Its arrival there will generally be announced by coughing, retching or clearing up of the throat. The patient then being brought to an erect position easily hawks up the weight and carries it forward on the tongue, when the operation of plugging may be proceeded with as usual."

The practicability of this procedure I have had occasion to demonstrate frequently, and find it much less annoying to the patient than Bellocq's sound or other unyielding instruments.

J. M. Spear, M.D.

Highland, O., Oct. 20th, 1879.

—The death of M. Devergie is reported in Paris, at the age of 82. He was a member and former President of the Académie de Médecine, Honorary Physician of the St. Louis Hospital, and former President of the Society of Legal Medicine. He was the author of a valuable work entitled *Médecine Légale, théorique et pratique.*

News and Miscellany.

American Public Health Association.

The seventh annual meeting of this Association convenes November 18th–21st, 1879, at Nashville, Tenn. The importance of the subjects to be considered has induced us to print the following papers connected with it:—

Circular of the Committee of Arrangements.

In great Britain and the British dependencies sanitary measures have, since the first cholera epidemic (1831), occupied the attention of its enlightened and far-seeing rulers. Now all Christendom looks with admiration upon the beneficial results of these measures. In America, however, government rests upon the people, and all great reforms based upon law must begin with them. To the people of the Union, more especially to those of the South and West, the fearful loss of life, property and comfort, caused by recent epidemics, is a plain warning that it is high time for them to act.

In view of the fact that the official and volunteer organizations representing sanitary science are to meet in this city November 18–21, it is earnestly hoped that every city and town in the South and West will be represented by at least one leading citizen as a delegate. Thus will the latest views upon Preventive State Medicine be diffused at once through all these threatened States, and an impetus to Health Reform given, which otherwise can hardly be attained by years of separate action.

Public men of all descriptions, jurists, clergymen, scientists, and others, are quite as welcome as physicians. For this reform is a matter of law more than of physic, and a healthy public opinion is the gist of the whole business.

From the North and East we have guarantees of the attendance of the ablest advocates of the cause in America, men who, by eloquent words and liberal acts, did unite a solid North in the relief of a suffering South. Let them be met by a hearty Southern welcome.

The railroads in Tennessee, as usual where the Public Health is concerned, have agreed to do all in their power. Passes will be sent to delegates from other States, both ways, over the main lines in Tennessee, upon early application to the undersigned. Doubtless the same courtesy will be extended to the delegates by the roads nearer home.

For persons in Tennessee the usual excursion rates can be obtained from the railroads centering in Nashville. The accompanying circular will explain the character of the proceedings.

For special information address

J. Berrien Lindsley,
Secretary of Committee of Arrangements.

University of Virginia,
Charlottesville, Aug. 15th.

To Members of the American Public Health Association:—

Gentlemen:—At a meeting of the Executive Committee, held in Washington, January 3d, it was decided that the principal subject for discussion at the next annual meeting of the Association, to be held in Nashville, Tennessee, Novem-

ber 18th–21st, shall be the sanitary condition of towns and cities, especially those of the Southern States.

In selecting a subject of so wide a scope, the Committee considers that it will be expedient, if not indeed indispensable to the attainment of useful results, to limit the inquiry to certain specified branches of the general subject, rather than to attempt to cover the entire ground of city sanitation.

A few years ago a committee, appointed by the Association, prepared a series of elaborate schedules of questions facilitating such an inquiry, which have recently been published in pamphlet form as Circular No. 2, of the National Board of Health. A copy of this pamphlet will be furnished to any member of the Association who desires to take a part in the proposed discussion, on application to Dr. T. J. Turner, Secretary of the National Board of Health, and a member of the Executive Committee of this Association. His address is, Office of the National Board of Health, Washington, D. C.

The Executive Committee recommends the following subjects of inquiry: Water Supply, Schedule C; Drainage and Sewerage, D; Disposal of Garbage and Excreta, H; Slaughter Houses and Abattoirs, K; Public School Buildings, M; Public Health Laws, Regulations, etc., R; Expenses of Municipal Sanitation, U.

Attention is also called to the following resolution, presented by Dr. A. L. Gihon, U.S.N., at the last annual meeting:—

Resolved, That the Executive Committee be directed to provide for the investigation and discussion, at the next annual meeting, of the most effective means for preventing the spread of venereal diseases.

Members who propose to consider these subjects, or who may desire to treat exhaustively some special subject of their own selection, are invited to prepare papers not to require more than thirty minutes in reading, and to forward titles and abstracts, in accordance with Section VIII of the Constitution. J. L. CABELL,

President American Public Health Association and Chairman Executive Committee.

ANNOUNCEMENT.

The Executive Committee of the American Public Health Association has decided to supplement the discussion on certain points relating to city sanitation heretofore ordered for the Nashville meeting, and announced in the President's circular of August 15th, by one on the practical questions connected with the management of an actual or threatened outbreak of yellow fever. It is considered proper that the whole country should have the benefit of the practical lessons taught by the epidemic visitations of 1878 and 1879, and it is fit that the popular diffusion of this knowledge should be made through the medium of this Association, which will have an unusually favorable opportunity, at the meeting in Nashville, November 18–21, for collecting and recording the conclusions of intelligent and skilled observers as to the practical working of the measures recently put into operation by State and municipal authorities, aided by the National Board of Health, with a view to prevent the spread of the disease from local sources of infection.

The oral discussion will be prefaced by the reading of several papers by members of the Association who have been actively engaged in this practical work during the prevalence of the existing epidemic in Memphis and elsewhere. In order to give definite direction to the discussion the Executive Committee has adopted the following schedule of the points to be especially considered:—

1. How to deal with a city in the yellow fever zone, in order to prevent the appearance of a first case.

2. How to prevent the importation of a first case.

3. How to deal with a first case, and early cases generally, when, in spite of precautions under first and second headings, it has made its appearance.

4. The duty of local boards of health, or other health authorities, to report such cases promptly, even though there may be some doubt as to the diagnosis. Whether the knowledge that such reports would be faithfully made would not have a tendency to allay apprehensions and give confidence to other communities, while warning them of the importance of making preparations for contingencies.

5. Under what circumstances may it become necessary or expedient to remove the unacclimated portion of the population from an infected place? How may this be effected for the poorer classes of the population, and how should the people thus removed be cared for and supported?

6. Measures for isolating a dangerously infected place.

7. Organizations for the relief and treatment of the sick in an infected city.

8. Measures for preventing the spread of the disease from an infected place by railroads, including the management of transfer stations.

9. Inspection of steamboats at an infected place and at intermediate stations between the port of departure and their final destination. Should stations of observation be established by the National Board of Health? If so, what should be their relations to the health authorities of the States within whose territorial limits they may be established.

10. Results of the coöperation and aid given by the National Board of Health to State and municipal boards, under the provisions of the act approved June 2, 1879. What suggestions may be made to render this system more efficient?

J. L. CABELL,

President American Public Health Association.

October 4, 1879.

Washington Training School for Nurses.

The second session of this excellent institution opened October 27th. On the occasion Dr. Toner, ex-President of the American Medical Association, made an address, in the course of which he aptly stated the object of the institution, in these words—

It is not mere servants that are wanted in the sick room, or that we propose to instruct in this school, and to recommend as competent and trustworthy nurses. By a wise selection of

pupils and by careful training we aim to assist in elevating and dignifying the calling of the nurse to that of a respectable and profitable profession.

The necessity for and the usefulness of the office is now generally admitted by the public. That it will require persons of some culture and sound judgment, with capacity for self-denial, and observation to acquire the necessary knowledge to qualify them for such responsible duties, and an individual perseverance to make such knowledge available, must be conceded. Indeed, the self-abnegation and control of feelings required of the nurse—as to wear constantly a bright countenance, to command a prompt and never wearying sympathy, with a kindly word of encouragement in a gentle tone of voice, and to be cheerful without levity, and silent without moroseness; to be ever attentive and observant of instructions and the patient's condition—requires qualities scarcely less heroic and perfect than are demanded in the professional and higher walks of life. Where such qualities and skill exist in the nurse they will be rewarded. Those who do not possess these characteristics in a fair degree had better seek some other avocation in life.

Progress in Treatment of the Insane.

The word "Bedlam" has become, in English, a common synonym of turmoil, noise, and mismanagement. But how different the London hospital of that name, now, from what it was early in the last century, when it was a common pastime of the town to visit it, in order to see the maniacs flogged. Dr. J. P. Gray, of the Utica Asylum, in an address before the Oneida County Medical Society, described it and some others he had seen in a recent visit. In regard to decorations, better furnishing, etc., in the institutions in Great Britain, there seemed to be a general progress in this direction. He saw that in some of the oldest institutions, for instance, Bethlem Hospital, of London, this, however, being but one of many, painting, in pleasant, bright, and cheerful colors, decorative paper, etc., has taken the place of the dreary, white-washed wall and ceiling. The glass transoms could be seen over the doors, in place of the holes of former times, to the infinite comfort and pleasure of all, and as he was informed and could well believe, to the great benefit of the patients. In some of the institutions he says he saw the interiors in the process of transition, some of the wards being not yet complete, and the contrast was very striking. In some of the institutions the chapels were really very elaborately finished, to correspond with the general sentiment in these matters outside.

Ancient Cosmetics.

The *Edinburgh Review* says: Most interesting is the reflection how persistent is that human weakness which for more than 6000 years has rewarded the skill of the professors of cosmetic art. We know from the tract, Sabbath of the *Mishna*, that the oil of roses, and the use of acid remedies for the toothache, are as old as the codification of the oral law. Nay, more, the use in those early days of artificial teeth is proved by the debate on the question whether it was allowable to go out on the Sabbath with these contrivances in the mouth. The decision, a very characteristic one, was that if the tooth was regarded as an ornament it was legal so to do, but not if it was regarded as a useful implement. It was also allowed to bear about the person on the Sabbath a fox's tooth, which, if extracted from the living animal, was good to procure sleep.

The Talmud on Medical Matters.

Mr. Magnus, Sr., of Berlin, publishes, in the *Deutsch. Archiv f. d. Geschichte d. Medicin* (1879, p. 260), the following passages from the Talmud:—"At the head of all diseases am I, the blood; at the head of all remedies am I, the wine. Eat hearty, you will feel its effects when walking. A drop of cold water mornings (in the eye), and washing the hands and feet in the evening, are better than all eye salves. Before a distant physician may arrive the eye may become blind. Badly off is the town whose physician has the gout, and whose oculist only has one eye. Honor the physician before you need his services. A physician who makes gratuitous cures is of no account. The door which is closed to prayers for alms opens for the physician."

MARRIAGES.

ALEXANDER—THAYER.—October 15th, at Washington Heights, N. Y., by the Rev. Dr. J. C. Eccleston, Welcome T. Alexander, M.D., and Aimee Gabrielle, only daughter of F. A. Thayer.

HALL—COOLIDGE.—In Boston, October 14th, at Trinity Church, by the Rev. Phillips Brooks, assisted by the Rev. John Hall, D.D., of New York, Dr. Richard J. Hall, of New York, and Miss Elise B. Coolidge, of Boston.

JACKSON—REED.—At Camden, N. J., October 1st, by Rev. L. C. Baker, John W. Jackson, M.D., of Rockaway, N. J., and Mrs. Sarah C. Reed, of Camden.

LLOYD—NEWELL.—At Haddonfield, N. J., on the 15th ult., by the Rev. L. M. Colfelt, Dr. James Hendrie Lloyd, of West Philadelphia, and Sue D., daughter of the late William C. Newell, of Philadelphia.

SEIBERT—WELSH.—On October 3d, 1879, in West Philadelphia, at the residence of Mr. John Welsh, the father of the bride, by the Rev. R. Bethell Claxton, D.D., John Philip Seibert, M.D., of Chambersburg, Pa., and Marion Welsh, of West Philadelphia.

TAYLOR—COOPER—On Thursday, October 23d, at Christ Church, Philadelphia, by Rev. Dr. E. A. Foggo, assisted by Rev. Dr. J. F. Garrison, H. Genet Taylor, M.D., and Helen, daughter of Alexander Cooper, all of Camden, N. J.

DEATHS.

BEAUMONT.—Dr. A. H. Beaumont, a well-known citizen, and a classmate of President Hayes at Kenyon College, died at his residence in Cleveland, Oct. 30th, at the age of 56 years.

DUFFIELD.—At McConnellsburg, Pa., October 13th, Annie E., eldest daughter of Dr. S. E. Duffield, in the thirtieth year of her age.

HOLDEN.—On Sunday, the 19th inst., at Scarborough, Westchester County, N. Y., Dr. Jas. H. Holden, in the 52d year of his age.

RYAN.—On Sunday evening, the 19th inst., Dr Charles Ryan.

WADSWORTH.—In this city, on the 31st ult., Kate S. Wadsworth, wife of Henry Wadsworth, M.D.

THE

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Original Department.

Communications.

THE THEORIES OF SEX PRODUCTION.

BY A. VON MANSFELDE, M.D.,
Of Ashland, Nebraska.

[Extract from a paper read before the Nebraska State Medical Society. Published by permission of the Society].

The theories of sex production begin with the Hippocratic Theory, which consisted in the belief that the right testicle furnished the seed for males and the left that for females. This theory, yet a common notion with many, even medical minds, received its refutation by Regner de Graaf. His experiments consisted in the extirpation of one or the other of the testicles, or the ligation of one or the other ovary, or rather ovarian ducts, of rabbits, and invariably would the offspring consist of both sexes. Dr. Thomas P. Tuckey, of Castletownroche, writing about the position of the placenta in male and female births (it being situated on the right side of the fundus in the male and on the left side in the females), says: It seems such an easy solution of the matter, that the right ovary should be intended for the production of male and the left for that of the female children, it leads me to such a train of speculations on the proposition that a woman has only sons because of atrophy or other diseases of the left ovary, or *vice versa*, two hundred and fifty years after the conclusive proof of Regner de Graaf to the contrary. (*Half-yearly Comp. of Med. Science.* Part 22, page 151.)

In regard to the notions indicated by Joubert's question, of the influence of the moon; or the notion of the position of the female during copulation, I say nothing, since they do not deserve refutation at this day.

It was my intention to note at length the many speculations in this direction, but the fruitlessness of the effort causes me to abstain. I will, therefore, only enumerate the more prominent theories. First, the so-called Hofacker-Sadler law of sex production. It consists in this declaration, that in marriages in which the husband is the senior by six years and upward male offspring decidedly preponderate. Statistics, of which there are very many and easily accessible, certainly sustain this assertion; yet it cannot be the law of sex production, since very striking exceptions oppose its universality.

Next in importance is the theory of M. Thury, Professor at Geneva, who taught thus: "The sex depends upon the degree of maturity of the egg at the moment of fecundation: that which has not reached a certain degree of maturity producing the female, and if fecundated when this point of maturity has passed, a male. It is certainly true, that observance of time in regard to the act of fecundation plays a prominent role in sex production, and numberless instances on record sustain it. (See Medical and Surgical Reporter, January to June, 1868.) Yet the precise period at which the ovum escapes from the ovary, especially in human females, is very uncertain; the conditions that determine the time of contact of the spermatozoa and the ovum are therefore exceedingly variable, and of course, for practical purposes, grant this being the law, would be valueless. I shall show, however, that M. Thury mistook one of the mechanical factors for the law itself, and this factor being one of the main causes of sex production, we have an explana-

to : furnished why his theory should have met with so many concurring instances.

But human ingenuity is untiring, as witness the next theory, which I quote from the Boston *Medical and Surgical Journal*, for September 26, 1878. It is the antipode to the theory of M. Thury. Dr. J. B. Swift, the writer, says: While studying the reproductive organs in the microscopical laboratory of Dr. Carl Heitzmann, of New York, last winter, Dr. Heitzmann advanced the following theory in regard to the determination of the sexes (let me say that this is the same theory modestly advanced by the learned author of Flint's *Physiology*, in vol. v, on *Generation*, page 346, and I will leave it to future inquiries, who of these two gentlemen take precedence. I am thankful to both, for they furnish me in this article good proof for my position, though otherwise intended). We know that it requires only a few spermatozoa, perhaps a single spermatozoon (see MEDICAL AND SURGICAL REPORTER, April 19th, 1879, page 349), to impregnate an ovum. If an ovum becomes impregnated by a few spermatozoa, the female element will be in excess and the result will be a female. If, on the other hand, a good many spermatozoa impregnate the ovum, the male element will preponderate, and a male will result. Now, if an ovum is high up, that is in the ovary or at the fimbriated extremity of the fallopian tube, probably only a few spermatozoa will come in contact with it. But if the ovum is low down, then many spermatozoa come in contact with it. If menstruation and ovulation are dependent one on the other, as many authorities affirm, then the situation of the ovum may be determined by the menstrual period: during the interval between the periods the ovum is in the ovary: just before the flow begins the ovum may be on the surface of the ovary or in the fimbriated extremity of the fallopian tube. As menstruation goes on the ovum descends, and the flow may entirely cease before the ovum is discharged. Then it is low down in the fallopian tube or even in the uterus itself. Now, if coition takes place during the interval between two periods, or just before menstruation begins, the ovum being up high, only a few spermatozoa pass up the fallopian tube and reach it; but if coition is just after menstruation, then the ovum is within the reach of many spermatozoa. Stock breeders understand this. If they want a female, they put the two sexes together at the beginning of the rutting period, but if they want a male, they wait until the female has been in heat some time.

Both Doctors Heitzmann and Flint, and Prof. Thury, recognize the time of the union of the factors concerned in propagation as being a cause of sex production; but while the former recognizes the influence of time upon the spermatozoa only, the latter allows himself to be governed alone by the influence of time upon the non-fecundated eggs. Dr. Swift then continues, at length, to furnish twenty cases to sustain this theory; they consist of two kinds: first, those cases in which connection had taken place shortly after menstruation, and which were followed by male offspring; and secondly, cases in which connection occurred midway, or nearly so, between the recurrence of menstruation, with the result of female offspring. The Doctor mentions about ten cases of the former, and I will strengthen his position by a few thousand more. I draw your attention again, gentlemen, to the Jewish law, which does not permit the male to make use of his prerogatives until the expiration of a certain time after menstruation: and this fact alone effects the percentage of the births of sexes thusly: while the common average of all births of all nations is as 104.5 males to 100 females, among the Jews of Prussia and other eastern nations it is 114–120 males to 100 females, and this average would be still greater, did fecundation invariably result from the first connection. We will presently explain this apparent incongruity. In the first place, the Doctor's theory contains an "If," backed, as he says, by many authorities, and yet incorrect when subjected to such writings as those of A. Reeves Jackson; for it must be admitted as a fact, undeniable, that ovulation in the human female may take place, and does so, first, when the female does not menstruate at all, as prior to the establishment of the menses, during pregnancy and the period of lactation; and, secondly, at any time during the intermenstrual period; coition and its accompanying genetic excitement and organic congestion being the prime motor power. In the second place does this theory run counter to all our experience in comparative embryology. Take for an example the bee; Dzierson observes that the unimpregnated eggs of the bees produce drones (males), and that the workers (imperfect females), although incapable of impregnation, sometimes lay eggs that produce drones. Eggs producing females are, however, laid by the queen, and these only *after impregnation*. That the male element of fertilization in the case of the bees would seem, therefore, to be essential to the production of females only. "Miles, 332."

The next theory which deserves attention is that of Mr. Gentry, a corroboration of Mrs.

Mary Treat's observations, and supplemented by the work of Mr. Thomas Meehan on plants; it is this: The higher grades of nutrition or vitality produce the female, and the lower grades the male sex. It may be stated, in regard to this last theory, that as a factor in sex production it must have quite a prominent position, but is not the law of sex production; only one of the means of sex differentiation? Finally, I ask you, gentlemen, to indulge me for a few moments if I intrude with my own thoughts upon the subject. I justify my demands upon your time and patience by the fact that I have consumed years of study in this particular direction, thus preventing the possibility of springing illy matured fancies upon you, and that I believe myself capable of presenting the subject in such a shape that it will prove more satisfactory than the theories just enumerated.

My Own Theory.—Sex is the result of the quantity of spermatic fluid taken up by the ovum during the act of fecundation, the minimum amount necessary to accomplish fecundation always producing males, and the maximum amount always producing females. The variation between the maximal and minimal points producing offspring of one sex or the other, in the ratio in which the male element is appropriated, or one or the other of the following conditions supervenes:—

1. The time when the two elements meet; males preponderating as the time from the rupture of the graafian follicle to the accomplishment of fecundation is lengthened.

2. The vigor of the ovum; which vigor is dependent upon (*a*) the time expired since the detachment of the egg from the discus proligerous of the graafian follicle, and (*b*) the health, *per se*, of the female in whose economy the egg is matured. Females being in excess in the ratio of the greatest vigor of the ovum.

3. The vigor of the spermatozoa. This again depends upon (*a*) the time elapsed since their change of domicile, and (*b*) upon the health, *per se*, of the male who furnished them. The greater the vigor of the spermatozoa the greater the probability of female offspring.

The facts in the case then seem to be, that the sooner the elements meet and the greater the vigor (the nutrition of the female being above par), the greater the probability of female offspring; and *vice versa*, the later the union of the generative factors takes place, and the weaker the elements concerned in the fecundation (the nutrition of the female being below par), the greater the probability of male offspring.

I have placed the factor of time in the foreground, since it has, in the theory of Professors Thury and Flint, demanded most attention; as already stated, time has a decided influence in sex production. While Prof. Thury allows the influence of time to act upon the perfection of the egg, this again determining the sex, Prof. Flint and Dr. Heitzmann, by the same influence, time, afford the spermatozoa an earlier or later access to the egg. In company with these gentlemen, I make use of the same factor, but from an opposite principle. In the first place, the egg, just after breaking its ovarian envelop, is at the acme of its vigor, and the time passing from this moment counts its course of decline, which is only ended by death or intervening fecundation; this, you will admit, is a sound deduction from scientific embryology, and does not give the least sustenance to the theory of Prof. Thury. The second position, that of Prof. Flint or Dr. Heitzmann, presupposes, as a scientific fact, that the spermatozoa alone have the capacity to enter the ovum, and that their accumulated presence produces the male offspring. To this latter assertion, as already stated, the fact opposes itself, that in the lower forms of animal life males may be developed from the unfecundated egg, while female offspring invariably demand the presence of the male factor; the former proposition, in regard to the "ego sum" of the spermatozoa, falls prostrate, when we remember the passive condition in the fecundation act of many animals, thus opening the door, by necessity, to other causes, and these we eagerly admit, in the shape of the self dependent ovum. The egg will take up any quantity of spermatic fluid, limited only by the size and vigor of the partaker; now, whatever tends to favor the latter conditions will, of course, increase the quantity of the spermatic fluid taken up. This self-evident physiological proposition, we hope, does not need any proof, but on the other hand, the question becomes legitimate, what influence, if any, has the male factor upon sex production under these conditions? The answer may be found in the description of the first changes of the fecundated egg, as given by Waldeger and others, to the effect that three to four days after fecundation (in the fowl), upon the sexual part of the Wolfian bodies a medium eminence is noticed, covered by epithelial cells, which eminence goes on developing until the eighth or ninth day, when, in the embryo destined to be a male a retrogression takes place, and in the embryo developing into a female progression continues, until finally the ovaries, with their eggs, denote the sex of the offspring. This epithelial deposit, surrounded on all

sides by flattened cells, indicative of the future peritoneum, is not evolved from the tissues of the embryo, but is a part of the original chaos of segmented cells forming the germinal membranes. This being an established fact, you demand an explanation of the changes which this deposit undergoes in the first days of its existence, in one instance progressive, in another retrogressive. It is only necessary to draw your attention to a physiological axiom, which teaches that stimulation, assisted by nutritive conditions of a progressive capacity, will always be followed by growth, be this of a normal or abnormal character. Stimulation, in this instance, is furnished by the quantity of the embryonic deposit upon the Wolfian bodies, which deposit consists of segment cells of the original fecundated egg, left over, so to speak, in the shape of yeast, to quicken the leaven of a future generation; the growing embryo having appropriated the necessary quantity of this material for the formation of its asexual body. Now conceive this ovarian deposit, this yeast, to be abundantly present, and admit the superior vitality of the forming embryo, a necessary precedent to the presence of the deposit, and you will have the sequence, increased nutritive process, always, as already stated, followed by greater growth. Do facts sustain this position? The first children of a marriage consist of a greater number of females, in the proportion of 100 females to 53 males (Burdach). The proportion of females in illegitimate births is greater than in legitimate. Causes tending to increase the birth-rate tend also to increase the proportion of female offspring (Dr. H. B. Baker, of Michigan). If the larvæ of butterflies are abundantly supplied with food before going into the chrysalis state, the perfect insects are females. Mrs. Mary Treat (*Popular Science Monthly*, June, 1873).

Sex in plants is the result of the grade of nutrition, the highest grades producing the female sex (Mr. Thomas Meehan). The queen bee is invariably developed by the assistance of a superior quality and quantity of food. Thus, irresistible facts seem to prove the necessity of the most perfect combination of circumstances, all in the direction of superior qualities, for the production of female offspring, and since these conditions cannot be said to exist in the majority of cases, the legitimate conclusion is drawn that male births preponderate, and secondly, that males have not the vitality which the females enjoy by reason of their superior developmental advantages. Is this true? Of the total number of still births there are three males to every two females. Death takes place in the ratio of four males to three females in the first two months, and in the next three months as five males to four females (Carpenter's *Physiology*).

It is well for physicians to consider the sex of their patient in making their prognosis, since my experience permits me to make it more favorable for females than for male children, under like circumstances. In regard to the preponderance of male births, I need only draw your attention to the registration of births and to the statistics given by Ch. Darwin in regard to the domestic and other animals; both will abundantly prove the facts in the case; and finding a very fair equality in the numbers of both sexes at maturity, we have furnished another proof of the lesser vitality of the male.

There is still one task for me to perform, namely, to furnish an explanation of the conflicting statements, all given in sustenance of the most varying theories, and all of them bearing the impress of truth. The great objection to all of them is this, that instead of applying the test to the law itself, the experimenters invariably confounded the factors concerned in the process of sex production with the law, and drew their conclusions from these faulty premises. Their conclusions were always of the *post hoc ergo propter hoc* species. Prof. Thury finds that in crossing the sexes at the commencement of heat, more female births are the results, and he quickly concludes that this is caused by the influence of his law of sex production. "The less mature the egg when fecundation ensues, the more certain a female offspring." But I interpose the physiological fact that the egg is more vigorous the moment it is liberated from the graafian follicle. Dr. Flint argues that the later the male factor enters the female economy the sooner will it come in contact with the approaching egg, and the offspring will be a male, by reason of a numerically greater number of spermatozoa entering the egg, in consequence of their accumulated presence. I suggest here, for consideration, the facts that spermatozoa abound most plentifully in very small quantities of seminal fluids for this reason, together with the fact that the quantity of spermatozoa being the same, to all intents and purposes, the difference of their presence in the ovum, numerically considered, must be sought for in the condition of the ovum, which, in the light of our present knowledge, must be admitted to have its share in the fecundating process. In addition to this I must again call your attention (even at the risk of repeating) to the fact of the necessary presence of the male factor for the

evolution of female off-pring in the propagation of the bee family. Does science record anything to justify the supposition of a reversion of this law of sex production in favor of the mammal? The cases of Dr. J. B. Swift most plainly prove that when the ovum, in its fullness of life, conjugates with the spermatic fluid, its product is generally a female; all his cases occurring at an intercatamenial period, because impregnated by the spermatic fluid coming in contact with the ovum, liberated during or after coition—most likely discharged in consequence of the stimulus furnished by the sexual excitement. In corroboration of this I will state that of all the cases of extra-uterine pregnancies which I had the facility of examining, the fœtus was invariably of the female sex. I stated above that the greater number of male births among Jewish women would be swelled, if conception did not often take place, just as happened in the cases of Dr. Swift, from the succeeding ovulation, and not the preceding one, which would have furnished the male instead of the female progeny. All the cases on record then, for whatever purpose they may have been originally intended, furnish proof of the influence of time in the union of the factors of fecundation (not in the union of the sexes, however), for the purpose of sexual differentiation. Everything favoring an early conjugation of the sexual elements still at the zenith of their bodily vigor favors the development of the female, by reason of the surplus amount of free cells, constituents of the primordial eggs. Thus the female becomes the depository of the germs of a future generation of men and women who will be capable to appreciate the great influence a perfect and noble mother has upon the destinies of her offspring; those will be the men and women who will find their greatest glory in shaping into perfect harmony the greatest of all creations, the woman, who, in the delicate ovum, carries the inheritance to us of a mighty past and also the possibilities of a grander future.

THE HYPODERMIC USE OF MORPHIA.

BY D. M. BARR, M.D.

Read before the Northern Medical Society of Phila.

The hypodermic use of morphia was first introduced to public notice by Mr. Hunter, of England, in the year 1859, as a remedy for delirium tremens. The use of the instrument rapidly became general, until, at present, a practitioner is certainly not fully armed without it.

It may, therefore, seem like presumption in any one, at this late day, to read a paper before a medical society upon a subject so common to the profession. I would not have introduced the subject to-night, but for the fact that I have lately suffered, as all may suffer, through a widespread ignorance on the part of the general public, as well as some druggists, regarding the nature and results of this remedy. Many druggists are free to express opinions upon the medical care of their patrons; therefore it is the duty of the profession to give them correct notions, especially of new methods and remedies.

In 1865 a certain druggist put up for me a two-grain quinine suppository for a babe one year old. The druggist thought it was too much, and told the family that the doctor must have made a mistake. The babe had diphtheria, and upon this day was unable to swallow; the next day it died. The family would have no more babes *poisoned* by me, and changed their doctor. I remonstrated with the druggist, when he told me he "knew how to conduct his business." This same druggist prepared medicines for a patient of mine, during August and September of this year, contrary to my wish, but not interdiction, as they were old patients of mine, and I supposed could not be influenced.

The condition was an inflammation of the ovaries with parametritis. The ovaries could be plainly felt, right and left, and the pelvic tissues were hard as a board. Between the pains of inflammation and neuralgia, involving the lumbo-abdominal and sciatic nerves, I never saw greater suffering. There was frequent vomiting, so that no relief could be afforded by the mouth. I used hypodermics of morphia, half-grain doses, night and morning, with happy effect, arresting vomiting, restoring appetite, and temporarily controlling pain.

But with the increase of local congestion pressure upon the nerves increased, and a dose of three-quarters of a grain at bedtime was required on several occasions; even these failed to protect the patient perfectly from one dose to the next.

She lay, half asleep, half awake, tortured with returning pain; half understood conversation, seemed as in the walking stage of typhoid, with a disposition to get out of bed and a wandering imagination, so common in all delirium associated with uterine trouble. There was also occasional vomiting as the effects of the medicine wore off. Yet with all this there was a cool skin, normal temperature, regular pulse (at 80), and generally favorable condition.

The husband and friends became very anxious, uneasy and discontented. "Nobody had ever

heard of so many injections." The mother-in-law was sure I was killing her with these injections. The husband wanted to know, again and again, whether these injections would not leave her an imbecile; would they not weaken the system? were they curative? and other anxious queries; "everybody thought the dose too large: nobody ever knew of such use."

In vain I assured him this pain could not last long; that suppuration or resolution must soon take place, removing the cause of the neuralgia, and thus arresting the pain. In vain I pointed out the next period for menstruation as the probable outside limit of the severe pain, which had been set up just previous to her last period. (The show had been arrested by cold from exposure, originating the trouble.) In vain I assured him of the certain safety of his wife, both mental and physical.

Had I given her three hypodermics daily, as I often do, these troubles might have been quieted without vomiting, but unfortunately I ordered a chloral mixture, from which I find great comfort in these cases. Each dose consists of morphia sulph., gr.$\frac{1}{4}$; chloral hydrate, grs.xv; potass. bromide, grs.xx. To be repeated as required. The husband came home from the drug store assured that his wife would be injured by the medicines.

I cannot say whether or no by the advice of the druggist (but this I know, the druggist should have been able to assure him that it was a common dose of medicine), but under the impression that nobody used such doses, he wrote me: "Dear Doctor—My wife is too ill to have an opinion of her own, and it is my opinion that to have a change in my wife's condition I must have a change in doctors. Will you write me a note, saying Mrs. B. is no longer in your care."

In this case, had the druggist and friends understood the nature of this remedy, as I hope to show it, I should yet be in charge of one of my oldest and best loved families. This lady's affection for me and confidence in my professional skill was absolute. I had taken care of her sister in several similar attacks, though less violent, with the same medication, in the same doses. The husband, almost crazed with fear for his wife, did, as he supposed, his duty. It is, then, as a duty to the profession, that I lay before you to-night my experience with the hypodermic use of morphia.

In the year 1865 I made my first testings of hypodermic medication. I used it rarely, with great anxiety, and with morphia only. Until 1870 I never used more than one-quarter of a grain at a dose, generally one-eighth of a grain, or less; the teaching in general being that the strength was doubled by the hypodermic use. In this year (1870), assisted by my student, Dr. Pyle, then about to graduate, I had more than ordinary calls upon me for its use, and obtained such results as encouraged my confidence in the safety of the remedy. I became satisfied of the error of the then prevalent teaching as to its dangerous strength, began to take an especial interest in it, and to use it freely wherever severe pain presented with counter-indication for anodynes by the mouth. I have known convulsions to follow its use, but always had reason to believe that air had been injected with the medicine into the tissues. I never arrived in time to see the convulsions (though I could not doubt their occurrence), nor have I been able to note any after affect.

In the year 1870 I saw a colored man die shortly after the injection of half a grain, which at the time gave me great anxiety; but my subsequent experience convinced me it could not have been induced by the medicine. The case was one of renal calculus passing, Bright's disease being present.

The suffering was very great, and the first injection failed entirely to relieve; a second injection, given after two hours, scarcely made an impression upon the pain. About an hour afterward he suddenly become comatose, and died the next day. There was no post-mortem.

With these exceptions, I never saw an untoward effect of any character whatever, except the slight nausea, greater or less in proportion to the idiosyncrasy of the patient, not at all in proportion to the dose.

I was early taught to look upon opium and its preparations as our most efficient remedy in disease; to administer one grain of morphia without hesitation in the presence of otherwise uncontrollable pain; indeed, to control pain at all reasonable hazards; to look upon pain as nature's advance guard, useful only against surprise, its guns more dangerous to friend than foe unless at once, upon the onset of the attack, either called in or spiked.

My experience has led me to place dependence only upon half a grain of morphia as the ordinary adult dose in severe pain, to be repeated twice or thrice in twenty-four hours, if demanded. I have never repeated the dose more than three times daily, in any condition, and I have never given it to a child under fourteen years of age.

The usual effect of the half-grain dose is prompt and refreshing sleep within three to thirty

minutes, and lasting three to ten hours, and having a good appetite for two meals daily (noon and midnight), in all ordinary constitutional diseases.

The apparent delirium so common a result of partly subdued pain, so frightful to friends, I have never feared; have never seen result in any trouble; all the symptoms subsiding with the disease.

It is a question whether puncture should be made directly over the seat of pain or at a distance more convenient of application. My experience is this: in conditions of general rheumatism, peritonitis, delirium tremens, cancer, colic, etc., the system is equally influenced and pain subdued by selecting the seat of puncture. But in local neuralgia and rheumatism, in carbuncle, felon, etc., the local use is better.

Through it we have directed to the near vicinity of the diseased tissue a wound and a foreign substance. The increased vital action required to take up the medicament and heal the wound will at the same time act beneficially upon the local trouble and tend to heal the diseased tissues.

It has been asserted that morphia in rheumatism tends to increase heart affections. There exists a possibility that where the pain of rheumatism is early subdued, medicines to counteract the condition and tendencies to deposit may be too early discontinued, and the disease go on to injury; be this as it may, my record of cases with hypodermic treatment, always associated with other ordinary medicines, has fewer heart troubles than before such treatment.

In order to make this paper quite practical, I will detail some cases of hypodermic treatment.

Case 1.—Colored man, formerly my hostler; general rheumatism, pain over the entire body, unable to move, high fever. Ordered ordinary medicines, and gave hypodermic ½ gr. morphia. Sleep in three minutes, which continued all night, with profuse perspiration. Next morning repeated hypodermic, also on the following morning, when, all symptoms having vanished, I directed how medicines should be continued, and bade good bye. Result, perfect health.

Case 2.—Lady at Ocean Grove; general rheumatism. Found her sitting in bed, in which position she had already passed two days and nights, under homœopathic treatment. Ordered ordinary medicines and gave ½ grain morphia, hypodermically. Within three minutes she said "I feel easy." With assistance she was placed comfortably in bed, and was at once asleep. In the morning found her almost without pain, lying in bed as I had left her; repeated hypodermic; ordered medicines continued. Paid her no more visits. She has had no return of disease to this day.

Case 3.—Mr. F.; general rheumatism, subacute; had attended him before with same disease. This case was then very tedious, and on this occasion the condition resisted my treatment three weeks; pain almost continuous; patient declining hypodermics; at last consenting, they were used night and morning, with prompt relief of pain and steady progress toward recovery.

Case 4.—Lady, seen in 1874, in connection with Dr. C. A. Groff; general rheumatism, which soon settled in thigh and leg. The parts were enormously swollen, and I never heard such lamentations over pain. The stomach rejected all food and medicine. The case was tedious, lasting over four months. She assured me that medicine in her arm never did her any good *until it was put in her thigh.* She received half a grain of morphia morning and evening, controlling pain and restoring appetite. Gradually the dose was increased to one entire grain, and upon one occasion the patient continued to scream, and in an hour the dose of one grain had to be repeated, effecting sweet sleep for the woman all night and showers of blessings upon the Doctor next morning. During the last of the four months the hypodermics were limited to half a grain, once daily; since which time she has received none. Now reports herself never better in her life; no heart trouble, no head trouble; sound in mind and body.

Case 5.—Mr. C.; sciatica. At his request I treated him three months without hypodermics; no result. Then gave hypodermics, ½ to ¾ of a grain of morphia, night and morning, in connection with same medicine. Pain left at once, to recur shortly before the next hypodermic. At the end of four weeks it forgot to return. Hypodermics gradually discontinued during next three weeks. Result: perfect health; no relapse.

Case 6.—Mrs. N., wife of clergyman; sciatica, fourteen months' duration. Husband says she has tried old school and new school, Indian with herbs, old school again, heroic treatment, hot baths, sea shore, electricity; even Prof. Paine, who diagnosed "worms," system crowded with animalculæ, gnawing at her bones; proved it by showing them, by the microscope, in the mucus from the tongue. There they were, but there were just as many when he ceased treatment as when he begun. The pain was not abated until the magic of the hypodermic was called in, when, *presto*, the worms ceased to gnaw, pain slept,

strength came to the weakened muscles, and before the end of six weeks she ran a race with a company, to gain a car, at 12 o'clock P. M., and was the first to enter it. No relapse, now over a year. Treatment was ½ to 1 grain morphia, night and morning; withdrawn in gradually diminishing doses.

Case 7.—Mr. S.; sciatica. Suffered for years; unable to raise leg, or walk without a limp. Tried every variety of medicine, the inevitable electricity also, with no relief. Two months' treatment with the hypodermic, ⅛ grain, increased to ¼ grain, night and morning, set him free. Two weeks ago he took cold upon exposure; now suffers slightly. I can cure him again with this little needle; I doubt any other power save the knife.

Case 8.—Mrs. —; uterine neuralgia; seen in connection with Dr. Pyle, in 1870; had suffered for years. After coming under my treatment she received a hypodermic of morphia, ½ to 1 grain, once or twice daily, for six months. It was her custom to be in severe pain upon my arrival; to be asleep before I could replace the syringe in the case; to awake at 12 o'clock A. M. and P. M.; have her meals at that hour; again sleep until the return of pain, shortly before my arrival. This lady took about *three hundred* hypodermics; is now perfectly well; no return of trouble; no more hypodermics.

Case 9.—Mrs. ——; puerperal fever; confined October 28th, 1876; chill on 1st of November. Treated with hard old opium pills, with other medicines, till the 17th of November, when she could retain nothing upon her stomach. Pulse 130, muttering delirium, intense pain, marked peritonitis. Gave hypodermic, half a grain of morphia, night and morning, which arrested the vomiting. For seven days she was fed with Wyeth's preparation of beef-wine and iron, nothing else. The pain increasing, I gave three hypodermics daily, of one grain each; nothing less would relieve the pain. Mother and nurse both refused to care for her under my directions; said I would not let her die in peace. Her husband alone stood firm. Symptoms continued dangerous until November 23d. She passed the crisis at 4 A.M. I was at her bedside; the pulse reduced rapidly and she asked for ice cream. Her change from puerperal insanity to clear reason was the work of a moment.

November 30th, gave hypodermic, half a grain of morphia, at bedtime. December 8th, no morphia.

In January, 1879, I delivered her of a fine little girl, without trouble.

Case 10.—Mr. ——; abscess in the region of the kidney. Prof. Agnew saw him with me, in consultation, August 1870. He was in bed six weeks before operation. During this entire period I gave him a quarter to one grain of morphia, by hypodermic, night and morning, with large and frequent doses of morphia, chloral and bromide mixture, during the intervals. This gentleman took two meals daily (noon and midnight), with a good appetite. To-day he is in perfect health; sound in mind and body.

Another case, similar in kind, and seen by Prof. Agnew at the same time (and treated without hypodermics), died from exhaustion, as I believe this man would have done without them.

I might go on giving cases in which I have given large doses of morphia hypodermically. Cases of delirium tremens, epididymitis, hysteria, etc., but I hope, gentlemen, I have said enough to convince you, and through you both druggists and people, that the hypodermic use of morphia against severe pain is safe, even in large doses: prompt, accurate, leaving less of evil on mind or body than any other method of administration; controlling the vomiting, soothing the pain, and holding in abeyance dire disease; so that the feeble flame of life may live through the storm and wake again to beauty and health after its fury be spent. I wish to remind you, also, that with a good needle the pain is much less dreaded by the patient than the trouble of being raised and the nausea of being dosed.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CLINIC OF PROF. GROSS, OCTOBER 25TH, 1879.

REPORTED BY FRANK WOODBURY, M.D.

Fibroma of the Mammary Gland.

The first case presented was a young woman, of nineteen, who had been troubled for a number of years with a tumor in her left mammary gland, for which excision of the breast was performed at this clinic one week ago. The growth had been very slow and painless until within a few months, when her attention had been directed to it by a more rapid increase. There was no retraction of the nipple, the overlying skin was natural in appearance. At the time of operation the tumor was thought to be a cystic fibroma, but subsequent microscopic examination by Dr. W. G. MacConnell proved it to be a pure fibroma, with very few adenoid elements.

Antiseptic vs. Simple Treatment.

Dr. S. W. Gross, of the surgical staff of the Hospital (who had performed the operation in

the above case), called attention to the simple character of the dressing usually employed here. "After the wound had been brought together by interrupted sutures and strips of adhesive plaster, a simple oiled compress was applied over the wound, which united throughout by first intention. Simple dressings only are employed at this clinic, but strict cleanliness is required in the instruments and dressings that are to come in contact with the wound. No use is made of carbolic acid; the instruments are not kept, for instance, in antiseptic solution before the operation; no attempt is made to operate under carbolized spray, and yet the results obtained in the operations at this Hospital, by simple dressings and ordinary care, are as good as could possibly be obtained had Prof. Lister's process been adopted. Out of five amputations of the breast recently performed all recovered save one, who died from shock. In the five major amputations of the extremities, thus far during the session, including one amputation at the hip joint, all have done well. No better results can be shown by what is called the antiseptic method than we have obtained by simple treatment."

Sebaceous Tumor of the Lip.

J. D., aged 20, presented himself with a small growth on the inner surface of the lower lip, near the angle of the mouth. Seven or eight years before he noticed in this situation a tolerably hard nodule, about the size of a small shot, underneath the mucous membrane. It remained stationary until about twelve months ago, when it began to increase. It never gave any pain, but it is inconvenient, from its size. On application the tumor was about as large as a small hazel nut or marble; rather dense, but not tender on pressure.

Prof. Gross said: "Many years ago, in my work on 'Pathological Anatomy,' I described a variety of cystic tumor of the lower lip, produced by the obstruction of the outlet of one of the mucous crypts or follicles that are normally found in this situation, and which may be easily seen in the natural condition by everting the lip and examining its surface. They normally secrete mucus, and when obstructed, a retention cyst is formed; such cystic tumors may be found in the mucous membrane of the nasal passages and pharynx, as well as in the mouth; they may also occur elsewhere, as in the vagina and on the mucous surface of the labia. They are of slow growth, and painless.

"The tumor in the present case appears to have more solid contents than would be found in a myxoma, and I take it for granted that it contains a good deal of adenoid material. It is not a cystic tumor, in the true sense of the term. It finds its analogue in the skin, in the sebaceous tumor, or wen, formed by the retained secretion of the sebaceous glands existing in large numbers upon the nose, the forehead, cheeks, scalp, and other parts of the integumentary system, in all portions of the body.

"There is only one treatment to be pursued, removal by the knife. Proceeding to excise the growth, I have now turned it out of its cavity. The entire cyst must be dissected out, for a small portion allowed to remain would lead to a speedy reproduction of the tumor.

"The wound is closed with a single stitch, and the patient dismissed with special injunctions to live on soft diet for a week, and to avoid exposure to cold. Every source of irritation must be avoided, in order to guard against erysipelas."

Case of Stone in the Bladder—Lateral Lithotomy.

"The next case, a boy of 13 years, has been troubled with symptoms of stone in the bladder for a long time. The patient is dull and stupid, and does not give a very definite statement as to the duration of his complaint, but says that he has suffered from trouble of this kind since infancy. He has no father nor mother, and is alone in the world.

"He presents all the rational symptoms of stone, objective as well as subjective. I have sounded him and satisfied myself of the existence of stone in the bladder; it is a large one, but I have not ascertained its dimensions by measurement.

"His general health is good. He eats well and sleeps well; the bowels are regular; there is no constitutional involvement whatever. The disorder is purely local; were it not for this bladder trouble he would be in a state of health. He has to pass his water every few minutes during the day and several times during the night.

Frequency of micturition is one of the common symptoms of stone in the bladder, and may be due to a variety of causes, or a combination of them. There is likely to be some cystitis present, which is maintained by the constant irritation from the presence of the stone. When the calculus is very large it impinges upon the neck of the bladder and causes frequent desire to pass water, although only a small quantity is expelled at a time. The calculus also causes pain in micturition, and when it occurs at a very early age we find children, thus afflicted, constantly in the habit of pulling at the head of the penis and foreskin, in attempting to relieve the irritation of the neck of the bladder. In this manner an elongated prepuce is formed, which is one of the objective signs of stone. Then we have very often a urinous smell about the person, due to the contact of the urine with the patient's clothing; and we may often observe the patient walking about with his hands in his pocket, tightly grasping the head of the penis, with a view of affording relief. This pain extends from the seat of irritation, in the perineum, along the urethra, and is felt at the end of the penis; it may also be carried down the thighs, or be felt in the lumbar region.

"The urine becomes very decidedly changed. It has a marked sediment of muco-pus and earthy salts. In advanced cases it may even contain renal casts, and occasionally albumen. The flow of the urine is sometimes interrupted by the stone falling against the neck of the bladder, causing severe pain, and obliging the patient to change his position and assume some unusual attitude, in order to pass his water. Even where these subjective symptoms are present, the true nature of the case can only be determined with precision with the aid of a nickel-plated steel instrument, called a 'sound,' which I have fre-

quently described to you; it is introduced like a bougie, but after entering the bladder it is turned in various directions in the effort to encounter the stone, which manifests itself by its resistance and by the audible "click" elicited on striking its surface. Very often the sound comes in contact with the stone in the bladder immediately upon entering its cavity. We are always anxious, not merely to find an obstruction, but particularly to elicit the click. If the search be unsuccessful the patient should be allowed to rest for twenty-four or thirty-six hours, before the examination is repeated. It very frequently happens that a stone exists but it cannot be found at the first examination, but on a subsequent occasion no difficulty will be experienced in demonstrating its presence. At all events the surgeon should be sure not to open the bladder until he has by this means positively ascertained the existence of a calculus.

"At the time of examination there should always be some urine in the bladder, from four to six ounces in an adult, from three to four in a child. If there is too much fluid a small stone may escape the sound, if too little, the movements are restricted, and the stone may be encapsuled or buried in the walls.

"The patient's general condition should always be inquired into; he should never be sounded when fatigued after a long journey. Nor should lithotomy be performed unless the system has been prepared by proper treatment. Quinine and anodynes will be found useful, but a nourishing, non-stimulating diet, with perfect rest for a few days, are essential. The bowels should be well evacuated by a dose of castor oil, on the night previous to lithotomy, and just prior to the operation the lower bowel must be emptied by a large warm-water injection.

"After the chloroform has been administered by Dr. Hearn, I propose to perform lithotomy by the lateral method, making the incision on the left of the raphé of the perineum, as is my custom. The external wound is made about midway between the verge of the anus and the scrotum, in the adult about 1½ inches in front of the anterior anal border. The knife is carried from this point obliquely backward and outward, in a line midway between the anus and the tuberosity of the ischium. In the present case the incision need not be more than an inch in length; if necessary, it can be subsequently enlarged.

"The wound need not be so large in a child as in an adult. I ordinarily make my incision very small at this time of life. The skin and superficial layer of fascia are divided at the first cut, with some of the external hemorrhoidal vessels; the next structure divided is the transverse perineal muscle, with its artery and nerve; finally, the deeper layer of the fascia is opened, and as the knife enters the bladder, the membranous and prostatic parts of the urethra are divided, with the left lobe of the prostate gland. The incision in the prostate, in a child, should be small, as the wound in this organ is easily dilated with the operator's finger; very different from the prostate of advanced life, where the gland becomes tough, dense and inelastic. The finger having followed the staff into the bladder, and encountered the stone, the stone forceps are to be introduced along the finger and an attempt made to grasp the concretion, with its long diameter parallel with the blades. The stone being firmly seized, is withdrawn with a gentle movement, in very much the same manner that the obstetrician delivers the head of the child with his forceps.

"Sometimes troublesome bleeding follows lithotomy. From the long continued irritation the small hemorrhoidal vessels in the neighborhood become distended and hypertrophied, and produce oozing, which, however, may be generally controlled by cold applications. The transverse perineal artery, as it runs by the side of the transverse muscle, must necessarily be divided, but the vessel is small and rarely produces trouble. A greater danger consists in wounding the artery of the bulb, a branch of the internal pudic, when the incisions are carried unduly high. The bleeding from this is much to be dreaded, as it is deep-seated, and on that account difficult to ligate. The bulb of the corpus spongiosum may, in like manner, be wounded, and, being very vascular, will give considerable trouble. When the incision is carried too far outward, it is said that we may wound the internal pudic artery, as it runs along under the border of the ischium, but I have never seen this accident.

"Prior to lithotomy, the perineum of an adult must be shaved, and during etherization it is well to have the penis secured, so that the urine does not escape before the operation.

"The patient being ready, he is brought down so that the breech projects over the end of the table, the staff is introduced, with its handle slightly inclined to the right, so as to make the left side of the perineum prominent; the thighs are moderately flexed on the pelvis: if flexed too strongly it makes the perineum too bulbous and tense. The bowels are thoroughly evacuated by the oil and enema, for two reasons, first, because if the rectum were distended with fæces it would be in danger of being wounded by the knife, and secondly, because I make it an invariable rule to lock up the bowels for five or six days after the operation, sometimes even for eight days, so that the bladder will not be disturbed by the contraction of the parts. As a preliminary step in the operation, it is customary to introduce the left forefinger into the rectum, with the view of making the sphincter contract and draw the gut away from the knife, but more especially with the object of ascertaining the position of the staff, which, as you know, is provided with a groove in its convex surface, along which the knife passes into the bladder. The wound should be made obliquely, and not carried straight down, as recommended by the books and practiced by most surgeons. As there was a very tight prepuce in this case, preliminary circumcision was required."

[The operation having been performed, a stone as large as a huzel nut was extracted. It had the appearance of an oxalic acid or mulberry calculus.—Rep.]

"The patient shall have a full dose of laudanum, as an anodyne, as soon as he comes out of the anæsthetic sleep. In the meantime he shall be carried to bed, and placed on a draw-sheet, under which is an oilcloth, to protect the mattress. The draw-sheet is necessary to receive

the discharges, and promotes cleanliness, because it may be frequently changed. The urine will escape, for about twenty-four hours, through this opening in the perineum; then the lips of the wound will be closed by swelling, and the water will pass through the natural channel for the succeeding twenty-four or thirty-six hours. By this time the swelling will have subsided, and the urine will escape by the wound until it finally closes by granulation, in the course of a week or so.

"This concretion is a mulberry calculus, the worst of all to produce pain, on account of these irregularities of its surface, from which its title is derived. It is hard, dark colored, and tuberculated; this variety is very uncommon in comparison with the uric acid calculus, which is the one generally met with. These concretions often have as a nucleus small renal calculi that have been formed in the pelvis of the kidney and passed down the ureter, upon which successive layers of deposits may take place. Stones may, however, originate in the bladder, from the urinary salts, or from shreds of fibrin, or other substance acting as a foreign body."

Lithotomy by the Lateral Operation, by Dr. S. W. Gross.

Dr. S. W. Gross presented the next patient, also a case of stone in the bladder, who had been kindly sent by Dr. Cruice, of Chester.

The patient, a man of 62, has had symptoms of vesical trouble for a number of years. An examination was made one week ago, and a stone was detected immediately on entering the viscus. Upon introducing the finger into the rectum, the stone was found resting upon the *bas fond* of the bladder.

The urine was alkaline, not albuminous, but contained phosphates and urates, in abundance, with clouds of mucus; it was passed frequently, with the usual pain and strangury.

"The most marked point of difference between this case and the preceding is in the state of the prostate gland. In old persons the prostate is apt to become enlarged and increased in density, especially so when the constant irritation of a stone is present; in this case it appears to be less hard than usual. Referring to the anatomy of the part (as illustrated by a diagram on the board), we recall the fact that the posterior layer of the deep perineal fascia (a part of the triangular ligament), embraces the prostate gland so as to make it a pubo-prostatic ligament. This is important to be borne in mind, for in making the incision in the prostate gland it must not be carried too far posteriorly, because if this posterior layer of the deep perineal fascia be divided, there is a prospect of infiltration of the urine into the pelvic fascia and loose tissue between the bladder and rectum, leading to diffuse cellulitis, and probably death from peritonitis. In the child the prostate is very distensible, and we must limit the incision to half an inch, depending upon dilatation and laceration with the finger to accomplish the rest; in old men this cannot be readily done, and the further use of the bistoury is often unavoidable. The incisions, however, should be kept in front of the base of the gland. There is another danger to which our patient is exposed in enlarging the incision. Around the neck of the bladder we find situated the vesico-prostatic plexus of veins, which, being enlarged by the constant irritation, become the greatest ordinary source of hemorrhage after lithotomy in old subjects, as the vessels are dilated and varicose, and have no valves. They are, moreover, liable to absorb from the wound and to carry into the blood the products of inflammation, and cause septicæmia, or lead to fatal peritonitis. We are also likely to have more bleeding, in old persons, from the external hemorrhoidal vessels, than in a child. These constitute the principal points of difference that exist between this and the preceding case, if we except the relative greater size of the parts and the deeper perineum.

"In considering the sources of hemorrhage, it should not be forgotten that the artery of the bulb may take an abnormal origin from the internal pudic, even as far back as the ischial tuberosity. In this case it would of necessity be divided in the operation and require ligation. In old persons the bulb of the corpus spongiosum is more relaxed, and care is required to avoid it, as it is sometimes not more than half an inch in front of the anus. By inserting a finger into the bowel it can be drawn backward, away from the bulb. This allows the free division of the membranous and prostatic portion of the urethra, with about half an inch of the left lobe of the prostate gland; we then dilate the wound by introducing the finger into the bladder before withdrawing the staff.

"The danger of lithotomy increases with the age of the patient. In old subjects between four and five out of ten die, while in children we expect all to recover. Professor Gross concurs in this opinion, and says that he has cut seventy-two children with only one death.

"The method of operation is identical with the preceding case, except that the incision will be a little longer, beginning at a point one inch and a quarter in front of the anus. The deep incision shall not be so large, the wound decreasing in size as it descends. Where enlarged prostate complicates stone in the bladder the prognosis after operation is unfavorable. The last four cases of this kind operated upon at this clinic all died."

[The patient being influenced by ether, the lateral operation was performed, and a large uric acid calculus, weighing — grains, was removed. No bleeding followed. The bladder was carefully syringed out with warm water, to remove any debris or fragments of stone, and the directions for after treatment were given, as in the first case.—Rep.]

Stricture of Urethra, with Cystitis.

H. S., forty-seven years of age, had gonorrhœa twenty years before, and suffered from stricture for five years. One year ago his stricture was divided at this clinic, but it has again returned. He now has frequent micturition and severe pain, showing that he has also cystitis. The patient weighs upward of two hundred pounds, and, were it not for this trouble, he would be a stout, healthy man.

Prof. Gross brought the patient before the class for the purpose of performing perineal sec-

tion. He said that he had no doubt that by performing internal urethrotomy he could reach the bladder, but his object in making the external incision was to provide free drainage for the bladder, and thus relieve the cystitis. The urine will not then be retained in the bladder, but allowed to drain away as fast as secreted.

"There are no sinuses in the perineum in this case, as there usually are in old, tight strictures, and in view of this, we conclude that the urine is not escaping into the connective tissue.

"External urethrotomy is not infrequently performed in cases of bad stricture. It consists in introducing an instrument into the urethra as far as possible, and cutting down upon it in the perineum, where it serves as a guide for the knife. The incision is carried along the instrument, through the membranous portion of the urethra and the neck of the bladder.

"In such cases there is always an amount of mucus and pus in the urine, giving a thick, viscid deposit. The term cystorrhœa is sometimes used to designate this condition. Now and then renal casts and albuminuria appear, although rarely. The amount of urine is sometimes remarkably great; in other cases there is less water, and the sediment is so adhesive and tenacious, that a vessel containing it may be inverted without spilling its contents.

"The operation proposed will afford the patient much relief, as it will divide the neck of the bladder, and will not only prevent any accumulation of urine, but will permit the use of sedative and detergent injections.

"Stricture is almost always the result of gonorrhœa, neglected or badly treated. As a result of the mucous inflammation fibrin is poured out, and becoming organized is converted into a fibrous tissue surrounding the urethra, which acts mechanically by preventing the dilatation of the tube and by showing a decided tendency to contraction. This is shown more particularly in the membranous portion of the urethra, which is naturally the narrowest portion of the tube, and is located between the superficial and deep layers of the deep perineal fascia. Strictures do not occur further back than this; although the prostatic portion often—perhaps in the great number of cases—is inflamed, there is no submucous deposit of fibrin, and it does not give rise to stricture; at least this is my experience, and that of other surgeons.

"I find a very tight stricture here. I have now succeeded in passing this first obstruction, and find an impassable constriction behind it. On a number of occasions I have succeeded in performing this operation without having an instrument in the bladder, but our patient is not the best subject in the world, and I will desist for the present. I have frequently noticed that fat people are not good subjects for operation.

"This patient shall wait until the next clinic day, and in the meantime an effort will be made to get a small instrument into the bladder. He has been taking quinine for some time, to prepare him for the operation, and on going to the ward he shall have fifty drops of laudanum, and be kept perfectly quiet for the rest of the day."

Medical Societies.

PROCEEDINGS OF THE STATE MEDICAL SOCIETY OF VIRGINIA.

REPORTED FOR THE MED. AND SURG. REPORTER.

This Society held its tenth annual session in the city of Alexandria, October 21st, 1879, with a respectable attendance of Fellows and several eminent physicians from the adjacent cities of Washington, Baltimore and New York.

Of the two thousand physicians in the State, three hundred and eighty-seven are members of the Society, eight of whom have died during the past year. In the course of the address of welcome, Dr. Powell, of Alexandria, said, "There never was a time in the history of medicine when the means, processes and appliances for obtaining facts were as varied and numerous as now, and never before did experimental researches in pathology and physiology yield such fruitful results to well-directed labors."

The annual address to the public and profession was by Dr. Oscar Wiley, of Salem, Roanoke, who discussed in an eloquent manner the theme of "the Reflex Influence of Lives Devoted to the Healing Art." He was followed by the President, Dr. L. S. Joynes, of Richmond, who entered at length into the laws of the State which bear upon the medical profession adversely, and pointed out how an amendment of them could be secured. He adduced a number of examples of country physicians, Jenner and others, who had rendered distinguished services to humanity and the profession. He deprecated factious differences between physicians, as differences of opinion in medicine, as in all other matters, must ever occur. He urged the members to work together for the alleviation of human misery and the good of mankind.

An interesting paper upon Hygiene and Public Health was read by Dr. S. K. Jackson, of Norfolk, in which he strongly urged continued investigations into the perturbing cause of yellow fever, believing that final success will crown the efforts of the investigators.

A committee of five were appointed to report on a plan for the organization of a medical or Mutual Aid Society in this State, and when advisable, to submit the same to the consideration of, and urge its adoption by, the American Medical Association. Dr. Frederick Horner, Jr., addressed the Society on the feasibility and advisability of such an organization, to embrace all physicians who are Fellows of the State Medical Society, with the view of furnishing relief to the disabled and assistance to the families of those who die. He cited various examples of such societies in other States and other professions.

The resolution on this subject was unanimously adopted, with instructions to the committee to consider it especially in reference to its relation to the profession in Virginia.

Dr. W. C. Dabney, of Charlottesville, read a paper on Sutural Reunion of Divided Nerves.

Four committees, each to consist of three members, were appointed to report on the mine-

ral waters of Virginia: one on the thermal waters; one on the sulphur; one on the lithia and magnesia; and one on the alum and chalybeate, to embrace all the medical qualities of the waters and their uses in sickness.

It was agreed that hereafter the President be elected by the vote of the whole Society, and not upon a recommendation of a nominating committee. The resolution was endorsed by a decided majority.

On reassembling, the second day of the proceedings, Professor Hunter McGuire read a very interesting report of two cases of Battey's operation successfully performed by himself.

Dr. J. Marion Sims complimented Dr. McGuire for the interesting accounts just read, and was warm in his praise of Battey's operation.

Dr. McGuire thought that, except to save life or prevent insanity, the operation should not be performed.

Dr. Sims coincided with Dr. McGuire in the danger attending the operation.

Dr. H. P. C. Wilson, of Baltimore, was profuse in his praise of Battey's operation.

Dr. Wilson read a paper on his thermantidote, an instrument to prevent burning the soft parts in the operation with Pacquelin's cautery, and exemplified its use by experiments.

A vote of thanks was tendered Dr. Wilson for his useful discourse and interesting experiments, and his paper was ordered to be published in the Transactions.

Dr. Sims praised the invention of Dr. Wilson, and in this connection gave some very interestings facts in reference to neuralgic affections, and their cure by cauterization, with the modesty of true merit and the eloquence which distinguishes his utterances on occasions of the kind. Dr. Sims referred to his successful treatment of abscess of the liver, marked, according to the experience and observation of Hammond, Brown Séquard, and others, by obscure symptoms of cerebral congestion, and even of insanity, and by no means readily detected. In the person of the eminent medical journalist, Dr. Gaillard, of Louisville, for several years past a hopeless invalid, was lately exhibited an example of this uncommon disease. Himself and Dr. Hammond operated on Dr. Gaillard, with success, and to the great relief of the patient and his friends.

Dr. J. M. Toner, of Washington City, read an interesting sketch of the life of Dr. James Craik, Washington's physician and friend.

The Treasurer's report showed a balance in his hands, after paying all expenses, of $2.58. The collections have been $1178.

Dr. Kerfoot moved that the subject for discussion at the next annual meeting be "Tobacco, its Uses and Abuses in Health and Disease." Lost.

The subject agreed upon was the "Summer Complaint of Children."

On the afternoon of the third day, and after the election, as President of the Society for the ensuing year, of Dr. Henry Latham, of Lynchburg, and the selection of Danville as the next place of meeting, the Society adjourned *sine die*.

FRED. HORNER, JR., M.D.

The full Transactions will appear, as usual, in the *Virginia Medical Monthly* at an early date.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

Dr. D. M. Barr read a paper on

The Hypodermic Use of Morphia.

Given on page 423.

Dr. A. M. Slocum thought half a grain more than the customary dose. He usually gave one-eighth to one-fourth of a grain. His experience with the instrument was not great, but favorable. He never had any local inflammation follow its use.

Dr. L. B. Hall had not used the instrument, except in cases of severe pain. Considered half a grain of morph. sulph. an ordinary dose under such conditions. On one occasion he repeated the dose, giving one and one-fourth grains within an hour, with happy effect. Had seen a local abscess follow in two cases. He was then using Magendie's solution. Now carries half-grain powders, and washes needle in alcohol on return to office. Since taking these precautions has had no trouble. Once obtained an instantaneous effect, and suggested the direct introduction into a vessel as the possible cause.

Dr. N. Hatfield limits the use of the instrument to cases of severe pain, as after a severe injury. He prepares the solution at the time of using. Considered one-quarter of a grain the usual dose.

Dr. I. G. Heilman generally uses it in cases of severe pain, as cholera morbus, etc. Usually gives one-eighth to one-fourth of a grain.

Dr. E. R. Stone considered half a grain a large and unusual dose. In one case, however, he began with one-quarter of a grain and repeated the dose until he had introduced one and one-half grains within an hour. He then obtained relief, with no bad after effect. He makes the solution at the time of using. Never obtained any bad effect. In one case in which the patient had become accustomed to half a grain twice daily, he suddenly ceased giving it, and used an injection of water, with the same effect upon the patient, he supposing it to contain morphia as usual. He asked Dr. Barr if he had ever known the patient to acquire the opium habit through the use of the hypodermic.

Dr. Barr knows of no one who uses the syringe at home. The fact that so many of the profession consider half a grain an unusually large dose is what lost him his patient, through the aid of the druggist, and is his reason for reading the present paper. In answer to Dr. Hall, he believed the sudden effect to be due to direct introduction into a vein. The bad result he thought proceeded from the introduction of air into the tissues. He had carried an instrument until it had become so rusty that it was impossible to use it, yet without bad effect. He liked the idea of cleansing the needle with alcohol.

—The British Army and Naval service, like our own, is suffering from a scarcity of medical applicants. Let the governments make the inducements greater, and this scarcity will disappear.

Editorial Department.

Periscope.

Rest, Pressure and Dry Dressing in Wounds.

In a lecture on this subject, in the *Lancet*, Mr. Samson Gamgee, F.R.S.E., gives this case, and remarks—

I was consulted a short time since in the case of a middle-aged gentleman, of full habit, but without gouty history. Two months previously, while cutting the big toe nail of the right foot, he injured the end of the toe. It swelled and became painful. He had the advantage of attendance by two very able practitioners, who applied a variety of lotions, fomentations, and poultices, partially excised the nail, and had, in fact, as I was assured, done almost everything. The patient, in robust health, was confined to his bed, wholly disabled by the exquisitely painful toe. When I visited him in consultation I found a bread poultice secured on the end of the toe by means of a handkerchief crossed over the ankle. So timid was the patient that it was only after some little persuasion that he would allow me to remove the poultice. This done, and all its particles gently wiped off with a piece of dry, soft lint, I exposed a big, tense, shiny-red toe, exquisitely tender to the slightest touch. In the place of the nail was a dirty, reddish-gray sore. This I covered with a thin layer of muslin soaked in a solution of borax and glycerine. I enveloped the foot and ankle in a layer of fine cotton wool, applied a piece of moistened pasteboard to the sole of the foot, extending from a little beyond the heel to half an inch in front of the great toe, broad enough to embrace the tread of the foot. Across the ankle I placed two diagonal strips of moistened pasteboard, and fixed the whole with a smoothly but steadily compressing bandage. The dressing was completed by fixing, with a few turns of bandage, a dry pasteboard splint to the sole of the foot, and securing the lower part of the limb in the hollow of a pillow, tied round it with a couple of pieces of bandage. The patient was immediately comfortable, and continued so. He passed a good night, and when I saw him next day was quite easy. On removing the dressing, after twenty-four hours, the toe was comparatively pale and shrunken, and could be handled comfortably. I reapplied the same dressing, but with firmer pressure. Forty-eight hours later improvement continued without interruption. I found the toe still further reduced, and as the sore, though cleaner, was not yet quite clean, I brushed over it, and into the crevices at its root and sides, with a fine camel-hair pencil dipped in the following lotion:—Borax, half a drachm; compound tincture of lavender, a drachm and a half; glycerine, an ounce and a half; water, six ounces. This application did not cause the least pain; and when I had once more immobilized and compressed the foot, I was able to drop it from the height of a couple of feet on to the couch without the least discomfort.

Valuable as dry dressing is in all recent wounds, lotions similar to the foregoing in composition are of essential service, when rightly employed, in foul wounds and old ulcers. The term "detergent" of the old surgeons has lost none of its fitness, and the therapeutic agents which it designates have lost none of their practical usefulness.

In the case now under consideration the result was largely due to absolute rest. The value of rest no one questions; but what is needed is a more clear and precise understanding of the means to be adopted to carry it into effect. Rest, to be of real service in the multitude of surgical cases which are benefited by it, must be, as nearly as practicable, *absolute;* and the construction of immovable apparatus, suitable to the exigencies of particular cases, will be found to tax the ingenuity, and to demand the nicest combination of gentleness and strength. Pressure was another great factor in my patient's improvement. It was so partly, no doubt, as an aid to immobilization, in unifying the parts of the apparatus and fixing the ankle and the smaller joints of the foot. But it must always be borne in mind that, whereas comparatively slight pressure, if hard and circumscribed, is painful, uniform, smooth, elastic pressure, accurately applied, is most soothing. It acts by controlling the local circulation, preventing extravasation, promoting absorption of interstitial deposits, and lulling, to impotence for mischief, muscular spasm, that most potent cause of local and constitutional unrest.

A wrist joint, hot and swollen after a heavy fall on the hand; an ankle, after a slip and a twist, grown big, and mottled and tender as a boil; a woman's pendulous, hot, tender breast, breeding an abscess; the fleshy, jumping stump of an amputated thigh, are one and all relieved, as if by magic, under steady, uniform, elastic pressure.

The Cold Douche in Coma.

The following case was reported to the clinical Society of London, by Mr. Keetly:—

The patient was a groom, aged 30, who was thrown from his horse into a ditch, alighting on his head. There had been a short period of insensibility, but on admission to the hospital he was conscious and irritable. The accident had happened at 5 P.M., and at 6 the next day, having passed a quiet night, he was seized with a convulsive attack, confined to the left side. During the day he had several similar seizures, in which his eyes were strongly turned to the left; in the intervals he vomited occasionally. On the third day he remained in much the same condition: but on the fourth the right side was affected; and after the attack this side was found to be paralyzed. Toward evening he improved considerably; and on the following day it was noted that his face was heavy, his pupils contracted, and he resembled a patient suffering from opium poisoning; the temperature was 100°. On the sixth day the coma was increased; temperature 100°, pulse 120; the cold douche was applied to

the head for two hours and a half: the temperature was 99°, pulse 70; his face rather blue; he could answer questions, but had a fatuous expression, and his answers were often childish. After this time he steadily improved, and ultimately recovered. A fracture of the posterior fossa was diagnosed, extending to the base of the skull, the severity of the injury and the severity of the meningitis appearing to point to such a condition. The epileptic seizures at first appeared to point to an injury of the dura mater, over the seat of violence; and the later attacks on the opposite side to an extension of the inflammation to the meninges of the other hemisphere. There was no difficulty in regulating the time during which the application of the douche was beneficial. The blueness of the lips was only noticed after more than two hours of this course of treatment. It should be added that he had previously been treated by an ice-bag to the head, and the administration of aperients.

Treatment of Prolapsus Ani.

Dr. J. B. Gill writes to the *Lancet*, on the treatment of this trouble—

Why should ergotine, or, in fact, any poison, be employed, so long as cases of the kind prove perfectly amenable to more gentle treatment? Allow me to quote a case; it is one of a series, and typical.

J. W., aged fifty, a well-to-do tradesman, came under treatment in June, 1866, a victim of prolapsus ani. He had suffered from dyspepsia throughout life, and had when he visited me an ulcer, the result of eczema, on his right leg. I gave him strict injunctions as to diet, and directed that he should instruct a builder to make him a box stool, containing the wherewithal to pump a stream of water on to his perineum. He carried out my instructions, and within two months completely cured his prolapsus. The prolapsed portion of the rectum was about four inches in length. It had existed for several years.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a paper on "What is the best Method for the Care of Poor and Vicious Children," the well known philanthropist, Mr. Charles L. Brace, recommends that they be placed in families in country places, rather than in large asylums or "Homes." He observes:—

"Our large congregated reformatories ought to feel that they are 'behind the age' in their plan, and sell their valuable 'plant,' and buy large, cheap farms, and put up 'pavilion' cottages; using the interest of their considerable capitals in providing teachers and overseers to take charge of their 'groups' or cottage families. They would not have so much to show to the public in bricks and mortar and machinery, but they would do far more good."

BOOK NOTICES.

Yellow Fever A Nautical Disease—Its Origin and Prevention. By John Gamgee. New York. D. Appleton & Co., 1879. pp. 207.

Mr. Gamgee is well known as an inventive man of science who has made long and important studies of the diseases of the lower animals and of chemistry and physics in the applied forms. In the volume before us he discusses the problem of the origin, spread and prophylaxis of yellow fever.

Its origin he believes to be in the holds of ships long sailing in the tropical latitudes of the Atlantic ocean. Putrefactive changes take place in their confined spaces; foul air and water and intense heat combine to develope a virus of intensely poisonous character, which may infect the less poisonous putrescent materials of seaport towns. He likens yellow fever to typhus, and calls it *nautical* typhus. It is, in his opinion, a disease confined strictly to the sea and parts immediately adjacent. It is not contagious, does not depend on "germs," and is not communicable except when the peculiar poison has the above mentioned facilities for self-propagation, the most indispensable one of which is *heat*. A moderate degree of cold, to a little below the freezing point, absolutely destroys the morbific agent.

This suggests the remedy. Let the hold, the wood work, the rigging, the cargo of an infected ship be all thoroughly frozen, so that the cold, dry air penetrates every part of it, and the yellow fever is utterly and permanently destroyed in that ship until a re-infection. Can this be done? Mr. Gamgee answers yes; he is ready to do it. He has designed a "refrigerating ship" which can be employed for this purpose; and he is anxious that our government should interest itself, and have one constructed, to test the matter practically.

Mr. Gamgee does not claim originality in this suggestion. Years ago it was made by Dr. Faget, of New Orleans, and the present author gives him his full meed of credit. It has never yet been fairly tested. The ships which sail from the West Indies to Boston in the winter maintain fires, so that they are not thoroughly refrigerated.

Without discussing the theoretical portions of Mr. Gamgee's work, his practical suggestion is plausible, and it ought to be put in practice. It will do good, even if it fails of the anticipated result. It has probabilities in its favor, and if it succeeds, the result will be of incalculable good.

THE

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EDUCATION, AND THE STUDY OF MEDICINE.

Whatever Professor VIRCHOW says is worth reading and thinking about. And when, in accordance with appointment, he handled the general subject of medical education, at the last International Congress, at Amsterdam, he made, as usual, some admirable suggestions.

Much of his discourse was taken up with the relation which classical education bears to the strictly medical one. Is it worth while diligently to foster the study of Greek and Latin in those destined to become physicians? VIRCHOW acknowledges the striking lapse of classical knowledge in the last generation. When he was a student Latin was a common medium of instruction in the German universities. Now it would puzzle the present professors to speak it, and if they did, most of the students would not understand them. Very few, indeed, of his medical friends have ever read Hippocrates in the original Greek.

Yet, he insists, there are advantages to be derived from a classical course, which cannot be gainsaid. First, there is the external advantage of maintaining the profession at a higher social level. A classical education guarantees a certain amount of early culture and better associations, and for this reason counts something in an individual's status. Then there is the advantage of greater accuracy in the use of words. Without some knowledge of the dead languages, especially Latin, the student does not appreciate the positive meanings of words. VIRCHOW illustrates this by the word *tuberculosis*, used as far back as at the time of Hippocrates, but whose meaning is constantly altered by new and careless writers.

He acknowledges frankly that since the Latin is no longer used for medical writing or teaching, there is no direct necessity for the medical student to acquire it; but he distinctly claims for the classical tongues that they are the most effective means ever found to develop the young mind and to widen its intelligence. The much talked of *Realbildung*, the "objective method," or the "genetic method" of education, might, indeed, profitably come in for a share of the attention of educators, but they cannot supplant the study of languages.

The worst fault in modern education is the surprising inaptitude for *observation* which it seems to leave behind it. In his lectures VIRCHOW repeats ten times, perhaps, the same thing, and yet, after all, finds his students have not *seen* what he has shown them. More than any other deficiency, he would have that corrected. Let the young man learn to observe and to see. Let him learn early to use his senses, and accurately to express the sensations which he feels. These are the two *desiderata* in modern education.

With more especial reference to the medical instruction in Germany, VIRCHOW expressed his belief that it is too exclusively oral; books are too little used; the professor comes too much to the front. He wishes the student to read and study good manuals, to follow closer the written text, and not depend so much on the professional orator. Many parts of medical science are read much more profitably than they are heard, and

the professor should chiefly confine himself to matters of experience and observation.

The views here expressed by VIRCHOW are not dissimilar to those in an address on the same subject by Dr. AUGUST DUPRÉ, at the opening of the current course in the Westminster Hospital, London. He, too, finds that on the one hand a strictly classical preliminary education forces thought into a narrow compass, while on the other, a scientific or technical one exclusively dwarfs the powers of the intellect itself. He records the striking fact that in his earlier years the late eminent Baron Liebig expressed his conviction that a new national life would commence for Germany, and that future generations would, in consequence of their increased knowledge of natural science, be intellectually superior to past generations, brought up chiefly in the old classical schools.

Unfortunately, this bright vision has not been realized, and Germany is reverting more or less to the old style, convinced of its greater wisdom. Liebig himself confessed, in after years, that his earlier opinions had been erroneous. He stated that he frequently observed among his own students in chemistry, that although those coming from technical schools appeared at first, in all that related to natural science, as giants compared to those having received a chiefly classical education, yet that the latter, in most cases, not only soon made up their deficiencies in this respect, but in the end generally outstripped their technically educated rivals.

AIDS TO DIGESTION.

There seems to be quite a diversity of opinion as to the medicinal value of the various digestive ferments which have been from time to time presented to the profession. This was illustrated quite recently, at the German Association of Naturalists and Physicians, which assembled at Baden. Several articles were read on the subject. Trials with the different preparations found in trade showed that nearly all German preparations were inert, while the only English preparation which was tested gave satisfactory results. Professor KUSSMAUL, finding that pepsine was always present in the gastric juice, even in very inveterate cases of gastric catarrh, does not believe that the administration of pepsine can be of much use at any time, and doubts the improvement alleged to have been witnessed, on this purely theoretical ground.

Last August the same question was brought before the Parisian Academy of Medicine. Professor VULPIAN, Dean of the Faculty of Medicine, read a memoir by M. MOURRUT, on artificial digestion, embodying his researches on the value of the different digestive principles. M. MOURRUT finds that the action of diastase is considerably retarded by the addition of an acid, while that of pancreatine is entirely abolished. If, after two hours, the acid solution is neutralized, diastase rapidly regains its sugar-forming property, but this is not the case with pancreatine, which remains inactive with respect to starch, and most probably also to albumen. With regard to pepsine, which is extensively used in the form of wines and elixirs, M. MOURRUT assures the Academy that the quantity of alcohol in these preparations suffices to render them useless, and concludes that they should be proscribed in future by the prescriber. And the more so as many of the most renowned elixirs sold contain traces only of the ferment to which they are supposed to owe their virtue, the rest having been precipitated, no doubt, by the alcohol in the preparation.

On the other side, Dr. WILLIAM ROBERTS, of Manchester, succeeded in completely peptonizing milk with properly prepared pancreas extract, and has thus opened out quite a new line of treatment for gastric disturbances. Pancreatic digestion is evidently beginning to interest the therapeutists as well as the physiologists, and it may be placed in the position which Dr. HORACE DOBELL assigns it. It is well known that for years he has been urging its claims on the medical public, who, however, have given but partial attention to the long array of facts in its favor which he has cited. Possibly the time will come when this and other ferments can be used with an accurate appreciation of their relative physiological effects.

Notes and Comments.

Therapeutical Notes.

BISMUTH IN ULCERATED OS.

℞. Bismuthi subnitratis,
Glycerinæ, āā q.s. to make a thick cream.

Dr. Suesserott recommends gynecologists to use this in preference to other applications to ulcerations of the os and cervix uteri. He applies it through a glass tube, and retains it by a pledget of cotton.

CANTHARIDES IN GLEET.

℞. Pulv. cantharidum, gr.¼
Olei terebinthinæ, gtt.v. M.

Sig.—For one pill, thrice daily, in obstinate gleet.

This is reported as very efficient in old and refractory cases, by a writer in the *Southern Clinic*, October. Should strangury be brought on, discontinue for a day or so.

IODOFORM IN FISSURED NIPPLES.

Dr. M. O'Hara, of the Obstetrical Society of Philadelphia, has found the following application to fissured nipples very satisfactory, and giving prompt relief to pain:—

℞. Iodoformi, ℥ss
Collodion, ℥j. M.

Sig.—Paint on the part from time to time.

ECZEMA INTERTRIGO OF INFANTS.

℞. Plumbi acetatis, gr.xxx
Acidi acetici diluti, ℥ij
Glycerinæ, ℥iss
Aquam rosæ, ad ℥viij. M.

Wash the sore parts well with soap and water, dry carefully, then apply the above.

Dr. H. B. Hodges writes to the *British Medical Journal*, that in hundreds of cases, during a quarter of a century of practice, he never knew the above to fail to cure the disease. He uses no internal medication.

REMOVAL OF THE SMELL OF MUSK.

This, which is so abiding, and to some so disagreeable, may be removed from the hands or utensils by applying a paste formed of pulverized ergot. This property of smut-rye was accidentally discovered by Blitz when preparing a compound of the above ingredients.

The Expression of Grief.

This has recently been a subject of investigation by the eminent Italian physiologist, M. Paolo Mantegazza, who has studied with great care all the contractions which suffering produces in the human face, and endeavored to arrive at an exact distinction of the phenomena of real from those of simulated sorrow. All the forms of dolorous hypocrisy he exposes mercilessly. The following, according to M. Mantegazza, are signs of feigned grief:—1. The expression is nearly always exaggerated relatively to the cause of the grief; 2. The visage is not pale, and the muscular disturbance is intermittent; 3. The skin has its normal heat; 4. There is not harmony in the mimicry of grief, and one sees certain contractions, certain relaxations which are wholly wanting in real grief; 5. The pulse is frequent, in consequence of the exaggerated muscular movement; 6. A surprise, or any object which vividly attracts the attention, suffices to make the tragic mask immediately fall off; 7. Sometimes one succeeds in discovering among the tears, the sobs, and the most heart-rending lamentations, the presence of a chuckle, which expresses, perhaps, the malignant pleasure of practicing a deception; 8. The expression is very eccentric, or is wholly wanting in concentric forms.

Dangers from the Use of Pilocarpine.

Besides its alleged ecbolic properties, Dr. Jenkins, of New York, has called attention to another objection to the hypodermic injection of pilocarpine in any case, and that is the flooding of the lungs by an excessive bronchial secretion.

Dr. T. G. Thomas thinks the objection worthy of serious consideration. He had seen a case of uræmia toward the end of the eighth month of pregnancy, where labor was brought on and the child delivered alive, the mother suffering greatly after the birth of the child and becoming comatose. Jaborandi was tried by the rectum, and resulted in a profuse bronchorrhœa, which was at first attributed to an alteration in the circulation. The fluid was excessive, and the noise produced in respiration resembled the so-called "death rattle."

Influence of Medicinal Agents on the Fœtus.

Dr. Kubassow recently reported to the St. Petersburg Medical Society the results of some experiments which he had performed. In three instances a drachm of chloroform, and in six from a scruple to half a drachm of chloral hydrate, was administered as an enema to the woman in labor, sometimes in a single dose, and at others in several times. They were as follows: 1. Both substances given in medium doses exert a decided effect on the fœtus. 2. Both appear to act in a similar manner. 3. At first a stimulant effect is produced, as shown in the more active movements of the child, and in the increase in force and rapidity of the action of the heart. Later this action becomes less forcible

and slower, and the movements of the child are exerted less readily. 4. The effect is induced rapidly, viz.: in five, or at latest, ten minutes. 5. Chloral acts more rapidly and forcibly than chloroform, even when chloroform narcosis is produced. 6. Chloroform can always be detected in the blood of the funis. 7. After injection of chloral a slight excitement is also produced in the mother, which is followed in two or three hours by a diminution of temperature.

Real and Hysterical Tetanus.

Sometimes it is difficult to distinguish between these conditions. In a case reported in the *American Journal of Medical Science*, of the latter condition, Dr. D. Webster Prentiss states that the points in the case marking it as hysterical were—

1. It was ushered in by noise in the ears, deafness and blindness.

In true tetanus and strychnia poisoning the senses are rendered preternaturally acute.

2. There was unconsciousness during the paroxysms.

This never occurs in tetanus and strychnia poisoning, except as an ante-mortem condition.

3. The eyes were closed during the spasms. The eyes stare widely open in the other diseases.

4. The long uninterrupted sleep at night. In this particular there is a resemblance to chorea. In true tetanus there is no such relief until convalescence. It is noticeable also that no relief followed the administration of chloral until it was given in thirty-grain doses.

Paths of Conduction of the Spinal Cord.

From a number of experiments on rabbits, reported in the *American Journal of Medical Science*, Drs. Ott and Smith draw the following conclusions:—

1. That the motor and sensory fibres in the cervical segment of the spinal cord run exclusively in the lateral columns.

2. That the nerves administering to respiration, vasomotor nerves, and cilio-spinal nerves, also run in the lateral columns.

3. That the posterior columns are concerned in coördination.

4. That irritation of the cervical cord causes coördinated jumping movements.

5. That no sensory fibres pass to the brain in the posterior columns.

These observations merit the attention of physiologists, as they define, strikingly, the paths of conduction.

Correspondence.

The Story of Public Health Legislation.

Ed. Med. and Surg. Reporter:—

In the *American Journal of the Medical Sciences*, for October, 1879, is what purports to be a review of "National Public Health Legislation," prepared by one of the members of the National Board of Health, the object of which is to "give an account" of a "marked change" on the part of Congress in its treatment of the subject of public health. As the reviewer practically omits to "review" any legislation except that which refers to the organization of the Board of which he is a member, and as any such review is incomplete unless the *causes* which led to the enactment of the present law are considered, I propose to supply these omissions, briefly, and to give credit for the "marked change" where it justly belongs:

At the invitation of the Philadelphia Board of Health, "the first American Congress ever convened for Sanitary Reform" met in Philadelphia, May 13th, 1857, and continued in session three days. The call for the Convention was in pursuance of the following resolution of the Philadelphia Board of Health, passed October 29th, 1856:—

Resolved, That a committee of three, with the President, be appointed to correspond with the Boards of Health of New York, Boston, Baltimore and New Orleans, on the propriety of calling a Convention of delegates from the various Boards of Health in the maritime cities of the United States, for the purpose of a conference in relation to the establishment of a uniform system of revised quarantine laws.*

There were present at this Convention: from Boston, thirteen delegates, including the Mayor and eight aldermen; New York, four delegates from the Board of Health; Providence, two delegates; Newark, two delegates; Camden, six delegates; Philadelphia, five delegates from the Board of Health; four from the Board of Trade; five from the College of Physicians; and six from the County Medical Society; Wilmington, Del., nine delegates; Baltimore, ten delegates; Norfolk, two delegates; New Orleans, five from the Board of Health, and two from the Common Council. Dr. Jewell, of Philadelphia, was elected President; Mayor Rice, of Boston, and Dr. Barton, of New Orleans, were elected Vice Presidents; Dr. Edward Hartshorne, of Philadelphia, and Homer Franklin, Esq., made Secretaries. Among the delegates were such well known names as Otis Rich, Henry G. Clark, Geo. Hayward, Jacob Bigelow, Usher Parsons, Edwin M. Snow, D. F. Condie, Henry F. Askew and R. LaRoche.

A convention so constituted could not but command the respect of the country, and even after the lapse of over twenty years its proceedings may be re-read with interest and profit.

* The several State quarantine and health laws then in force are too voluminous to insert here; it is perhaps enough to say that Pennsylvania had a very complete quarantine law for Philadelphia, as early as 1700; the New England States earlier: and that the Boston quarantine was reorganized on very nearly its present basis in 1827; while Congress passed a law, which was approved February 25th, 1799, entitled, "An act respecting quarantines and health laws."

This Convention adopted 23 propositions; of these the first 18 relate to the general principles and details of quarantine management; propositions 19 and 20 read as follows:—

"19. With a view to procure a uniformity in quarantine regulations throughout the several ports of the United States, the assembling of another, and probably several, conventions similar to the present one will be required.

20 To provide for the assembling of such a convention in 1858, it is suggested that the President, Vice Presidents and Secretaries of this Convention, with a committee of one member from each State represented in the Convention, be continued after our adjournment, as commissioners for the purpose of taking the necessary steps for the call of a convention next year; *Provided, however*, that their powers shall cease immediately upon the assembling and organization of the Convention of 1858."

The second National Quarantine and Sanitary Convention was held in Baltimore, April 29th, 30th and 31st, 1858; the third Convention in New York, April 27th, 28th, 29th and 30th, 1859, and the fourth in Boston, in 1860. Space will not permit me to give in detail the proceedings of these conventions, but their bearing on subsequent national legislation is so important that I quote from the proceedings of the New York Convention: "A committee, consisting of Drs. J. W. Francis, F. E. Mather and John Hutchinson, was appointed to consider and report upon the plan of W. A. Royce, for 'compressing and refrigerating the atmosphere, preliminary to its use to disinfect vessels,'" etc. A. H. Stevens, M.D., of New York, submitted the following:—

"*Resolved*, That in the absence of any evidence establishing the conclusion that yellow fever has been conveyed by one person to another, it is the opinion of this Convention that personal quarantine of cases of yellow fever may be safely abolished."

This resolution received eighty-five votes, and only six were cast in the negative; an amendment was adopted, on motion of Dr. A. N. Bell, as follows:—

"*Provided*, That *fomites* of every kind be rigidly restricted."

Several of the maritime cities took action on this report, and the New York Chamber of Commerce having appointed a select committee to consider the subject, adopted seven resolutions, six having reference to the local quarantine, and the last recommending the "establishment by Congress of a system of warehousing in connection with the quarantine station at the port of New York." At this Convention a committee, consisting of Drs. John W. Sterling, Alex. H. Stevens and John McNulty, reported in favor of quarantine hospitals being controlled and operated by the general government, as follows:—

* * * * "As there are, in our opinion, cogent reasons why the United States should possess the control and charge, as well as the appointments, of a quarantine establishment, we will notice the grounds on which this latter part of the resolution was based: 'In the first place, we consider that a quarantine, from its close connection with the U. S. Revenue Department, and the important bearing which it has on commerce (which Congress alone can regulate), and upon travelers soon to be dispersed throughout the Union, useless, unless it be organized almost exclusively as a national institution.'" The committee then quote the Act of February 25th, 1799, relative to warehousing, giving at some length the details of examination of baggage by revenue officers, and give it as their opinion that "the health officers should not be subject to the control of the Municipal Boards of Health." Although not concurred in by the Chamber of Commerce of New York, it may be fairly said to have originated the idea of national control of external hygienic measures. It was further expanded at the Boston Convention, in 1860, where a committee, composed of Drs. Elisha Harris, A. N. Bell, and Wilson Jewell, offered the following resolutions:—

"*Resolved*, That this report (on external hygiene) be referred back to the committee, with directions to negotiate with our national government, or Department of State, to secure, by convention or otherwise, the national and international adoption of this code.

"*Resolved*, That a committee of one from each State represented in this Convention be designated by the delegates of the several States, and appointed by the Chairman of the Convention, with power to confer with the governments of their respective States, for the adoption of this code.

"*Resolved*, That the local sanitary authorities of the several States, and the municipalities in the United States, be furnished with a copy of this report, and that they are hereby respectfully requested to carry into effect all its *specific recommendations*, and the general provisions of the code, without waiting for their general and international adoption."

The "code" alluded to was the "specific measures of quarantine," recommended by the committee. But the subject of quarantine was not all that the Convention had now taken up; Dr. E. M. Snow, of Providence, was appointed a special committee on "a complete and efficient system of registration of births, marriages and deaths, with particular reference to cities, and the necessary connection of the same with sanitary measures." This "code" was freely circulated among sanitarians and municipal authorities, and is to-day the basis upon which the present quarantine regulations of the country are founded.

The breaking out of the civil war turned the attention of sanitarians into another channel, and we find the same men working shoulder to shoulder in the "Sanitary Commission" of that period. Later, when the American Public Health Association was organized, we find many of the same names prominent in the same line of work. The avowed object of this Association was the "advancement of sanitary science and the promotion of organizations and measures for the practical application of public hygiene," and in the opening address of its President (Dr. Stephen Smith, of New York) he said, "*The general government should, within its appropriate sphere, coöperate with State governments.*" "It must be apparent to every one at all conversant with sanitary science and sanitary administration, that the general government has an important duty yet to perform in providing for the general welfare; it must organize on a proper basis a Department devoted to the collection of information in regard to diseases peculiar to localities and their local causes, of the progress, course and prevalence of contagious diseases and epidemics at home and abroad, and the diffusion of such information among health authorities in all parts of the country and among the people at large."

But the idea of national supervision of purely professional matters has always met opposition.

At the same meeting Dr. Vanderpoel, of New York, said a "uniform system of quarantine laws on the Atlantic and Gulf coasts is the first requirement, but by the term 'uniform' he did not mean a system to be inaugurated by the United States Government, but the several States, the same code to be enforced at every station in each jurisdiction, and adopted by each State."

March 11th, 1873, a resolution of the Senate directed the Secretary of the Treasury "to inform the Senate at its next session how many superficial feet of clear space are allotted to each steerage immigrant on board ship, according to official reports of the collectors of customs; also to cause the atmosphere of some of the steerage compartments to be chemically analyzed by a competent expert, with a view of ascertaining its healthfulness; and also to have an examination made of the general treatment of immigrants on board ship, and to suggest such alterations in existing laws as may be necessary to secure effectual protection to steerage passengers."

A commission composed of John M. Woodworth, Supervising Surgeon United States Marine Hospital Service, Dr. B. F. Craig, Mr. J. Fred. Myers, Miss Helen M. Barnard, Mr. C. Colne and Thos. B. Sanders, Esq., reported to the Secretary of the Treasury, upon the above, and the report was transmitted by him to Congress, January 21st, 1874. That body had already passed a law (March 3d, 1855) relative to space for passengers in vessels arriving from foreign ports, provided a penalty for carrying too many passengers, made provision for lockers and hospitals, and regulated the size of the spaces between berths; but upon receipt of the report of this Commission, a law was passed, approved February 27th, 1877, providing for the inspection of passenger vessels by an inspector of customs, who is directed to make a report in writing to the collector of customs whether the requirements of the law are complied with.

September 8th, 1874, the Secretary of the Treasury published a circular (Department No. 90,) defining the "duties of United States officers with reference to quarantine and the public health," basing the same upon section 4792 of the Revised Statutes of the United States, and upon articles 294 and 295 of the General Regulations of the customs and navigation laws of the United States, 1874. Under the same date the Secretary of War issued a general order (No. 109) calling the attention of officers commanding forts and posts upon the sea coast to certain provisions of the same law. Following the above (September 9th, 1874), the late Surgeon General Woodworth issued a circular addressed to the local health authorities and leading sanitarians throughout the country, soliciting such information as would "conduce to the greatest efficiency and harmony of action between State and municipal health authorities on the one hand, and the officers of the national government on the other." During the same year Congress ordered an investigation into the cholera epidemic which had visited our shores. From this time on the subject of public health and national supervision of quarantine received much attention from sanitarians and others, as can be seen by reference to the medical journals and the secular press of the period. The assembling of the International Medical Congress of 1876 gave it further impetus, and the year following a convention of business men and physicians of the Gulf coast and Southern seaboard was called. The Convention met in Jacksonville, Fla., February 14th, 1878, and was composed of 32 delegates; a resolution was adopted to the effect that a *uniform system of quarantine was absolutely required*, and that the *system could only be enforced by the National government*. Based upon the action of this Convention a bill was presented by Hon. Julian Hartridge, of Georgia, in the House, and simultaneously in the Senate, by Hon. Jno. B. Gordon, which bill was passed, and became a law on the 13th of April, 1878.

Lack of space will permit me to give only a brief synopsis of this law: The first section prohibits the entry of any vessel or vehicle (or the conveying of any infected person or persons, or merchandise, or animals) from any foreign port or country where any contagious or infectious diseases exist, into any port of the United States, contrary to the quarantine laws of any State. The second section makes it the duty of the consular officer or other representative of the United States to give information to the Surgeon General of the Marine Hospital Service* of the date of departure and port of destination of any such vessel, and also make the same report to the health officer of the port of destination; they shall also make weekly reports of the sanitary condition of their respective ports; the Surgeon General is charged with the execution of the provisions of this Act (under direction of the Secretary of the Treasury), and shall frame all needful rules and regulations for that purpose, the same to be subject to the approval of the President, but not to conflict with any sanitary or quarantine law or regulation of any State or municipality. The third section makes it the duty of the medical officers of the Marine Hospital Service, and of custom house officers, to aid in enforcing the national quarantine rules and regulations. Section four makes it the duty of the Surgeon General to notify State and municipal and United States officers of threatened ports of destination of such vessels, and requires him to make weekly abstracts of consular sanitary reports and other pertinent information, and transmit the same to health authorities, etc. Section five clothes officers or agents of State or municipal quarantine systems with power to act under this law upon application of such State or municipality; at ports having no quarantine, officers of the Marine Hospital Service are required to perform this duty. Section six repeals all acts, or parts of acts, inconsistent with this Act.

Under the provisions of this act a weekly "Bulletin of the Public Health" was published for nearly a year by the Treasury Department—34 numbers by Surgeon General Woodworth, and 12 by his successor, Surgeon General Hamilton; its publication was transferred, by the act of June 2d, 1879, to the National Board of Health.

The yellow fever epidemic of 1878, the organization of a commission to investigate it (organ-

* This Service, like all Bureaus relating to commerce, is under the Treasury Department.

ized by Dr. J. M. Woodworth and aided by Mrs. Elizabeth Thompson and by the contributions of the whole country), the virtual approval of this effort by Congress, which immediately upon assembling appointed a special committee on Epidemic Diseases, and sent out another commission with experts to make further investigation; the report of that and the former commission, are matters of history which, taken with the law of April 1878, and the action of conventions and sanitarians previously, will doubtless "account" in some measure for the "marked change which has occurred in the situation" of public health matters, and show to whom credit is due for the pioneer work in the direction of public health legislation in the United States. *

News and Miscellany.

The National Board of Health.

We have given in this number, from what will be recognized as a very competent hand, the real history of the origin and development of the National Board of Health. This is a noteworthy contribution, not only because of the momentous character of the national movement it refers to, but further, and just now, because the history of the movement has been recently so inaccurately laid before the profession in one of the prominent medical journals.

Items.

—The Insane Asylum on Blackwell's Island, New York, has been again brought before the public on the charge of cruelty by officers toward the inmates.

—Smallpox is at present hardly known in England. In the month of October there was one week in which not a single case was reported in the 19 largest cities of that country. Almost equal immunity exists in the United States.

—Some time ago we called attention to the disparity which exists in Montreal between Protestants and Catholics in reference to deaths from diphtheria (cur. vol. p. 198). In a late issue the *British Medical Journal* points out the greater prevalence of the disease among Dissenters, compared with members of the Established Church. The subject is a curious one and merits further investigation.

OBITUARY NOTICES.

Prof. James Aitken Meigs, M.D.

This distinguished physiologist, Professor of the Institutes of Medicine and Medical Jurisprudence at Jefferson Medical College, in this city, died November 9th, after a short illness, in the 50th year of his age. The attack commenced with a series of chills, followed by fever, a few days before his death. It was recognized as malarial septicæmia, and he was apparently improving, when he was carried off very suddenly, by embolism.

Dr. Meigs was born in this city, July 31st, 1829. He matriculated in Jefferson Medical College in October of the year 1848, and in March, 1851, graduated with high honors, receiving the certificate annually conferred by the corps of lecturers of the Philadelphia Association for Medical Instruction on those students who passed successfully the examinations upon the lectures delivered by the Association. He then began practice in this city, where he since pursued it until his death. For several years he acted as assistant to the Professor of Physiology in the Pennsylvania College, and engaged in the examination and preparation of students for graduation. In September, 1854, he was appointed Professor of Climatology and Physiology at the Franklin Institute, holding the position for eight years. He was subsequently Librarian of the Academy of Natural Sciences, President of the Philadelphia County Medical Society, and member of many learned societies. As a writer he was eminent in the departments of anthropology and craniology, as well as of physiology proper, and in his earlier years wrote frequently for the medical and scientific periodical press.

His lectures were remarkable for the interesting and pleasing manner in which he conveyed his ideas to his audiences, and were at all times notable for the absence of that dryness which renders lectures of a scientific character distasteful to the average listener. His memory was very retentive, his lectures being always delivered without the aid of notes, and being generally illustrated by plates, etc.

He was unmarried, and leaves no relatives except his aged father.

—Dr. Frank Geisler, of Hoboken, who was found in his office on Monday night, the 3d inst., suffering from the effects of morphine, died later in the night. Dr. Geisler was at one time a surgeon on one of the Bremen steamers.

MARRIAGES.

BRUBAKER—SEEBOLD.—At Hartleton, Pa., by Rev. P. C. Weldemeyer, John Brubaker, of Kansas, son of Dr. Brubaker, of Mifflinburg, Pa., and Jeannette V., youngest daughter of Dr. W. F. Seebold, of Hartleton.

FORBES—BROWNE.—In Brooklyn, L. I., on Thursday, October 2d, by the Rev. S. S. Seward, J. Harrison Forbes, M.D., and Mrs. Sybella Browne, daughter of the late Thomas Thompson.

HULSHIZER—REIGEL.—On the 15th ult., at the home of the bride's parents, by Rev. R. Leighton Gerhart, Dr. Allen H. Hulshizer, of Philadelphia, and Miss Ida Y. Reigel, daughter of Isaac Y. Reigel, of Reigelsville, New Jersey.

ORWIG—SMITH.—On the 21st ult., at the residence of the bride's parents, by the Rev. S. L. Wiest, Dr. Geo. A. Orwig, of Cleveland, Ohio, and Miss Delia F. Smith, of Philadelphia, daughter of Sidney Smith, Esq.

DEATHS.

BOISNOT.—In this city, on the 30th of October, James M. Boisnot, M.D., aged 45 years.

FISH.—On November 4th, at East Pau Pau, Ill., of diphtheria, Eddie, only child of the late S. N. Fish, M.D., a boy of unusual promise, and the pride of his widowed mother.

HILL.—In Sutton, Vt., on Oct. 16th, Dr. S. Hill, aged 88 years.

RODENSTEIN.—At Washington Heights, N. Y., Friday, October 31st, Nellie, only daughter of Dr. L. A. and Sarah Tieman Rodenstein, aged 13 years and 11 months.

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ORIGINAL DEPARTMENT.

LECTURE.

SALUTLAND—THE IDEAL OF A HEALTHY PEOPLE.

BY BENJ. W. RICHARDSON, M.D., LL.D., F.R.S., ETC.

[At the recent Sanitary Congress, at Croydon, Eng., the eminent President, Dr. B. W. RICHARDSON, delivered an address, of which the following extract, embodying his ideal sanitary principles, is taken from the proof sheets kindly forwarded to this journal by the distinguished author, through the favor of Dr. LAURENCE TURNBULL, of this city, who was present at the Congress. Of the three sections into which the Congress was divided—medical, constructional and meteorological—the well known physiologist, Dr. CARPENTER, presided over the first mentioned, and to his enlightened labor much of the success of the meeting is due.

Dr. RICHARDSON begins his address by citing the opinions of FLOURENS and OWEN, that the natural term of man's life is a hundred years, and then proceeds to give an ideal sketch of "Salutland," where the inhabitants live so as to attain this average age:—]

In order to carry out my design, permit me, in imagination, to convey you into a future age. Let the bells be ringing in the fiftieth year of the twenty-first century of the Christian era. Let us, still speaking our mother English tongue, travel by readiest and quickest transit—in an aerial ship, if it pleases you—to a point on the earth's surface lying to the extreme south of that region which Mr. Hepworth Dixon, in one of his prolific and striking works, happily designated as New America. There land with me in an independent commonwealth, to which has long been given the name of Salutisland, or more commonly Salutland. * * * * * *

THE POLITY OF SALUTLAND.

You will presume that, as a beginning of our travels, we shall go at once to the capital of the nation. That is not possible, for there is no capital. There is a beautiful country, three hundred miles long, and in many places two hundred miles broad, inhabited by seven millions of people, and possessing the most beautiful cities; but there is no single city that claims to be called a capital. All cities have an equal right and an equal importance. But where, say we, is the centre, or seat of government? Is there not in that sense a capital? Not at all. There is no seat of government, and yet every city is such a seat. In the early days of the commonwealth, the wise, matured men, who had passed the age of ambition's fool, came to the conclusion that it would be dangerous to concentrate any ruling power in any particular city or centre. * * *

The absence of a seat of government, and of all centres for cabal and plots of politics, does away altogether with professed politicians, a condition which these wise people very much appreciate. They have a singular idea, gathered from what they have learned among political nations, that politics is a sort of quackery. When, therefore, they see one of their community getting up to make violent political speeches, they treat him as a harmless lunatic if they think him sincere and single-minded, and as a dangerous one if they guess that he has any selfish or personal intentions or aspirations in view. The result is that would-be political men are all in the shade. They

are called, after a term gathered from the old country, "Coventryites," and they are so universally recommended to go to the place connected with their name, that they give very little trouble indeed. As to the practice of ruling by parties, and balancing one set of ruling spirits, each equally ambitious to show how they cannot do it, against another, by which some ancient people were at one time hanged, drawn and quartered at regular intervals, they look upon that with absolute wonder, and as almost too incredible to be conceived in connection with the normal existence of reasoning minds. It suggests to them a spectacle of incessant civil war, bloodless but costly, devastating, maddening and mortal. Certain it is, they maintain that with so much political strife it would have been utterly impossible to have attained the length of days, riches and honor of Salutland. * * *

It must not be supposed, however, that there is any disregard to order and public law in our ideal country. There are administrators of order according to the public will, and officers of it. In all communities under a thousand of population there is the magistrate or commonwealth Censor, who adjudicates on appeals made to him on behalf of public justice. The Censor is a man who has reached forty years of life, and in every community it falls in order of age to one man to hold this office for one year, if he be himself of good and worthy repute. Where the community numbers over a thousand, one more Censor for every thousand persons is added, so as to constitute a sufficient tribunal, while in urgent cases it is permissible to summon a larger council from those who have previously held the office of Censor. Thus it falls out, that every man in the State has, of necessity, without election or any caprice of the kind, to expect to perform the highest function connected with local self-government; and as he who will some time be called upon to administer justice must needs be himself pure of heart, the fact of the responsibility that will come on him helps to keep him strong and resolute in virtue. Beneath the Censors are, in like manner, impressed a sufficient number of officers, composed of men over twenty and under forty, who carry out the instructions of the Censors, and bring before them those who are, for the time, under judgment. No man escapes the single year of this duty.

Where there are no politicians nor lawyers, there is little need for armed men. Carrying out to its fullest possible development another cardinal Christian principle, "peace on earth, good will toward men," the Salutlanders maintain that a people which picks no quarrels has none, and, enigmatical or visionary as this may seem, they find it true. To spend money in making vast engines for the destruction of human life is, to their minds, not insanity merely, but the greatest of crimes, excusable only by the direst necessity.

* * * * * * * *

The destroying professions contracted in the strongholds of our model people, it follows that even the healing professions must also be limited. The fact is so. It were not a Salutland, in any true sense of the term, that should demand, as we have it, one professor to a few hundreds of the population, to soothe and heal up the diseases of body and mind. In Salutland there are no healers as distinct or salaried classes. In the first place, there is little necessity for them. In the second place, on the subject of the laws of life and health, and the construction of the house of life, every person, male and female, has a sound education, the study of this subject being primary in all schools and families. And, in the third place, the principles of moral science are taught with exacting rule. Thus all the men and women can, to a large extent, take care of themselves and theirs. At the same time encouragement is given to an order of men and women who, combining the offices of minister and physician, and cultivating their minds in a highly intellectual degree, are greatly venerated and esteemed. The women so cultivated are ready to give aid and assistance to other women in great pain and peril; and the men are consulted, if the term may be used, in all circumstances of serious danger to health and life of a public or personal kind. But none of these are paid for their services, and indeed to offer a fee would be considered the greatest of insults, the idea being that to pay a man or woman for the divine service of relieving affliction, either of mind or body, is to spoil the divinity of the act altogether, and to bring it down to the lowest level of the lowest humanity.

These administrators may follow, therefore, some other occupation as a means of livelihood; or, they may be what we would call persons of independent means; or, as is common in many towns, they may receive an endowment which has been left to maintain them in their dignified pursuits. They are still called doctors—learned—and they are indeed true physicians, students of nature, faithful ministers both of body and mind. They consider no honorable labor too low that is connected with the collection of knowledge, no labor too hard that is connected with the administration of what is good. * * *

SOCIAL AND DOMESTIC LIFE IN SALUTLAND.

The first thing that strikes us is the number of their fine but moderate-sized cities. Modern Babylons, like London, Pekin or New York, are unknown among them. It is considered that a centre of life containing, in a limited space, more than a hundred thousand people is a danger, is, in truth, for all purposes of health, unmanageable. Death, they hold, is the shadow of birth, and if large communities be admitted, in which people are herded together, the shadow may be calculated with as much accuracy as an eclipse. Five separate dwelling houses to an acre of land, and five persons to a separate dwelling house, is the densest population allowed. The houses, large and small, are all built, with varieties only of artistic design, on arches, which raise them from the ground; the bedrooms are disconnected altogether from the living rooms; gardens are all around, and gardens are on the roofs. In the midst of the towns the eye is struck with the cultivation of fruit trees that prevails. The towns of Salutland might be called, as ancient Norwich once was called, the towns or cities of orchards. Throughout all the country the land is under cultivation of the most perfect kind for cereal produce and fruit and vegetables. Through this cultivation there are interspersed magnificent parks and glades, in which harmless animals of the most beautiful kind are free to wander. Every tamable animal is there, and all animals are objects of singular and lively interest. The rivers and lakes are filled with varied kinds of fish, and every sort of bird that can be collected, retained and naturalized on the land, is also to be seen. But what strikes us as most curious is that this living, magnificent creation is obviously preserved mainly for pleasure, and instruction and beauty. There is no idea of preparing any member of it for slaughter for any purpose, except for decrepitude, accident, or positive necessity. A man, woman, or child, who for wanton pleasure should hunt down or torture one of the inferior creatures would be cast out of society, while the idea of having the dumb creature killed, and hung up in open shops to bleed and be quartered and cooked for human beings to live on, would be treated with as much disgust as we should now treat the practice of the owners of those African shambles for human remains which Professor Huxley, in one of his most charming books, has so faithfully re-copied, to illustrate the history of a past civilization.

Animals are, notwithstanding, still used by our model people. Their fleeces are used for clothing, their milk for food, and many of them are made to work. The elephant works with an intelligence and skill that is almost human, and with a power that is superhuman, so that he is one of the most useful and faithful, and best-beloved of all the lower animals in the land. He is the rival of the horse, which is also much cared for, and is bred in a state of great perfection for bearing the rider, to which duty he is mainly consigned. He is in much request, for all persons in Salutland male and female, are consummate in the saddle; their country, which contains vast and fertile plains, divided by splendid roads, and their atmosphere, which, except during a short periodical rainy season, is mild and dry, being remarkably suitable for horse exercise. * * * * * *

THE PEOPLE OF SALUTLAND.

From the social life of this ideal land we may turn to the people who inhabit it, and who have proved the truth of the anatomical argument as to the natural constant of human life. They are so advanced, in this respect, that by fifty to sixty years of expected life they are better off than we are who live to-day.

As the people pass before us while we move in their midst, we are fain to divide them, after Flourens, into types of five ages. Their first period of life extends to ten years, in which dentition is perfected; the age of infancy. Their second period extends to twenty years, in which the development of the skeleton is completed; age of adolescence. Their third period extends to forty years, in which the increase of the size of the body terminates and the whole organism is completed; age of manhood and womanhood. Their fourth period extends to seventy years, in which the whole of the internal organs are made firm and invigorated; age of maturity. Their last period extends from seventy to a hundred years, and is subdivisible into two parts, one reaching to eighty-five, the first old age; the second from eighty-five to one hundred or beyond it; the ripe old age, or sacred age.

WORK IN SALUTLAND.

In each of these ages the body and mind have their natural work, and rest, and play. The first age is left to be devoted entirely to active physical growth; not a strain or tax is ever put upon it that approaches labor. "To grow is to labor," is one of the mother's maxims. "It is time to begin to earn bread when the teeth can chew it," is another similar homely proverb. So the children grow up, not in idleness, but in directed pleasures, which tend toward the acceptance of work and play as varieties of one and the same pastime. They are allowed from ten to twelve

hours of sleep; they are led into games and exercises which develop the physical and mental powers; and their only lessons are in practical and amusing tastes in languages and in music. Their own native tongue, still English, and even more purely English, as is natural in a concentrated community, than the English of England, which has become more mixed than formerly, is taught in the purest form of accent and style, as a first consideration. After that, other languages are taught, conversationally, from their roots, and all the languages of Indo-European origin are thus early impressed, and easily impressed, on the mind. Music is taught as naturally as language, in fact, as a part of natural language, the notes running with the alphabet, the chords with syllables, the melodies with sentences. Every child can sing. The birds of the forests, the morning stars that in their courses sing together, are not more harmonious than the children of Salutland.

The result in after days is that every adult remembers the child life with pleasure and profit; that life has been based on happiness, and life so based can scarcely ever be mournful.

The second, or developing stage of life, is also little oppressed with work. A young old man or woman in Salutland would be looked upon as a deformity. The home life is exclusively cultivated. To send boys and girls into cloisters and barracks, to commingle in herds, and exchange their own crude ideas and sentiments as current coin, would be esteemed a parental crime, carried out to excuse parental care and parental responsibility. The young of both sexes during this age go to the academies, where they are taught together, a plan which refines the boys and strengthens the girls. The education is never forced. Hard examinations, prizes, rewards for work, all these stimulants would be held as mentally poisonous, mere excitants of local emulation, to the exclusion of the general. "It is honorable to learn," say the Salutlanders; "it is more honorable to be learned; it is most honorable to communicate learning." So it comes to pass that learning is universally appreciated, and that the office of teacher is among the very highest in the social scale. The teacher is called the second parent, and in after days is often referred to by the scholar in that familiar form, so that lineage seems to descend through the schoolmaster or schoolmistress as naturally as through father and mother.

No profession or calling is thought of in the second age, as to be commenced then. The most that is done is in preparation. "The limbs cannot carry till the skeleton is completed," is a maxim of the Saluts applied to this term. "The brain must not toil until its workshop is constructed," is another maxim also applied to the same period of life. In this period marriage is never thought of; it were a proceeding altogether out of fashion. Families in Salutland springing from such union would stand out like mere dolls in the rest of the community, and would be called dollards, or dottrells, stunted in growth, and stinted in life. There are a few families of dottrells remaining who would give anything to change the name that is tacitly applied to them, and who prefer to die out unmarried rather than perpetuate the abnormality they unfortunately represent.

In the third age the business of life commences, and through it and the fourth age is continued, running often into the fifth. It is part of the whole economy of the Saluts that they never dream either of killing themselves or injuring themselves by work on the one hand, or by retirement from work on the other. They reason in this wise: A human being is constructed to perform a certain amount of work. His heart is born to deliver a certain number of beats, say, in one hundred years of natural life, three billions six hundred and fifty millions of beats. He is constituted to develop in the various organs of his body so many trillions of active cells, which make up his molecular organism, and which duly supplied with force derived from without, are capable of performing so much work as they live and die. More force of heart, more development of cells, more life, in short, no man or woman can ever possess, than that with which they are primitively endowed, as far, at all events, as is yet known, and all the free-will in the world cannot change this one fundamental fact. At the same time free-will can do this much, it can use its own as it likes. It can wear out its cell life altogether equally and sedately, and so live the whole allotted time, keeping a good margin; or it can wear out its cell life altogether and rapidly, leaving no margin; or it can wear out the cell life of one particular organ—brain, heart, stomach, liver, kidney—by excessive use and exhaustion of the cells of such organ, and so can kill the whole organization, by the death of one organ, the rest of the organs being still in condition, perchance, for years of activity.

Such being the facts, they continue to argue it is the best policy to let the life run out by the first plan, evenly and sedately. That plan ensures plenty of time for all a man can do. His ambition directed to worthy objects can be most en-

tirely sated by this procedure. He can live to conceive great and useful thoughts and acts, and to bring them to maturity. He can live to recast those thoughts and acts, to compare them with the thoughts and deeds of other men, to leave them perfected and original in the strictest degree, and to hear and realize the faithful opinions of contemporaries, young and old.

These slow steps toward honor and fame sanctify both honor and fame. They give to the good and the great a foretaste of what shall be said of them when they are dead, and they prevent the young and middle-aged from hoping and expecting to be over-praised by contemporaries until the day of their work is drawing to a close and the work itself has been long enough before the world to permit of a judgment being passed upon it. He only can be wise who has ceased to covet the praises of men, is the idea and the practice in Salutland. He only should retire from active work from whom work retires, is another idea and practice so faithfully followed, that every town yields many workers who, like Titian the Great, are doing their full quantity at the centenaries of their births.

By these methods life in Salutland is meted out into its appointed natural time, and as work is honored universally, and idleness only is despised, there is never more work put on any man, or woman, or child born, than that man, woman, or child can bear with the full assurance of length of days. For all necessary purposes, such is the easy and equal distribution of labor, and so comparatively light are the tasks of labor, from three to four hours in the twenty-four are sufficient for everything that needs to be done, by the busiest of the busy, to keep the social machine in perfect order. * * * * * *

HEALTH IN SALUTLAND.

The Salutlanders have already been spoken of so far as beautiful, in shape and feature, happy, and in the keenest enjoyment of life. One reason of their acquired health is that they have mastered the pestilential diseases. An epidemic from pollution of air, of water, of food, is with them impossible. The hereditary tendencies to disease are either lost altogether, or are so nearly eradicated as to be practically removed. The diseases incident to poverty are stamped out by the removal of their cause. The diseases incident to intemperance and luxury are stamped out by the removal of their causes. The diseases incident to occupation are stamped out by the careful and easy expunging of everything that is injurious in occupations. The diseases incident to worry are stamped out by the abolition of maddening, exhausting, and useless strifes and ambitions.

In a word, this people contends only with the natural elements, the heat of the sun, the flash of the lightning, the changes of atmosphere, from the fatal effect of which they rarely suffer; and with the one destroying inevitable power, the gravitation of the earth, which brings old age and death.

Thus, with the fewest accidental exceptions, the men and women attain the sacred age. Their death-rate is normal and constant, at eight in the thousand per year, and death itself painless; final sleep is hardly more than departure to rest when the day of work is done.

Let us now, as a practical study, glance at the simple means by which the results here described have been achieved. We may do this in the most practical way, and may learn by the exercise as much true sanitary knowledge as if the whole line of evidence were in actual demonstration before our intelligence. Any body of men and women setting forth, as I have supposed, could, as I wish to show, easily accomplish and verify my history.

The people, as I suppose them, originated from some three hundred emigrants, who, at the close of the nineteenth century, in a period of great agricultural depression and political strife, left England, their native land, for what was then called the "Light Continent." Reaching the southern border of that continent, and not finding the kind of government and home they expected, they set forth on their own account, crossed over acknowledged territories, and finding beyond them a tract of land hitherto unexplored, full of singular historical memories of a lost race, and truly no man's land, settled there, and founded their dominion. At first they were mainly a Saxon people; but as they progressed, adventurous men and women of Keltic and Jewish bloods soon joined them, introducing the happiest combination as yet known of mixed races fused into one people; races ever retaining their individualities, yet producing a stable and united community.

In a sanitary sense, the start was excellent. The men and women who founded the commonwealth were from the best working blood of the country that gave them forth. If they had not had courage, endurance, fortitude, perseverance, physical strength, and, in one good word, stamina, they would never, in the bloom of life, have left their native shores. They were, moreover, freed from the bondage of intemperance, and were thus delivered from a scourge which, in our own land of

to-day, directly and indirectly, destroys the physical life of one hundred thousand a year, with forty per cent. of the destroyed mental life of the nation. Thus they yielded a splendid foundation for a long-lived people. Then they became mixed in race; and this again favored the development of a future healthy community, admixture being, under favorable circumstances, a steady source of strength, without deterioration of racial qualities.

On the whole, they might be taken as having, at their start, an expected life value of fifty-five years, with a death-rate not exceeding fifteen or sixteen per thousand.

They were also extremely fortunate in respect to climate and land. The soil they occupied was so fertile it supplied all their immediate wants, and as they spread out and enlarged their territory, under the administration of a limited homestead law, they were not induced to enclose themselves round particular centres in densely-packed dwellings. By choice they were soon chiefly engaged in agricultural pursuits, and although by necessity a minority of them became occupied in industrial arts, these also retained some character of the husbandman. If the factory or in-door worker or mechanic had not his fields to till, he cherished his garden, so that throughout Salutland the sentiment of Sir Walter Raleigh, that no man has a house who has not also a garden, was fully appreciated.

To these advantages the settlers in the new land added those of education. The thirty years' work of the English school board system had told marvelously on the intellectual development of the people. Every settler could read well, write well, calculate well, understand the geography of the earth, and hold a sufficient knowledge of natural history and natural science to enable him to apply the gifts of nature to his own peculiar requirements or necessities.

Priceless boon of all, these settlers had become indoctrinated, in their own land, with the elementary truths relating to public health. They had learned the lesson of physiology; they had acquired a certain knowledge of what were and what were not healthy places. Chadwick's estimate of an eight per thousand death-rate as a normal constant, had been proved to them as possible, with such effect, that they had learned to look upon it as almost criminal for a civilized country to possess a town in which this rate was wilfully broken. They had learned the history of the diseases produced by uncleanliness, had become practiced in the useful and innocuous distribution of sewage, and had seen the dangers that arise from pitching dwellings in damp localities, and in building dwellings with materials that absorb and hold water. In accord in spirit with the best information on these points, they carried out the spirit to the letter in their practice, and so began on a new and sound foundation. Ignoring all thought of false economy, destroying by fire all carriers and sources of contagion, and providing for the instant isolation of every case of contagious or infectious disease, they stamped out the communicable diseases wholesale, with a success and readiness which were surprises even to the most sanguine preventionist, and which gained for them ten years of life. * * * *

The philosophical physicians who soon came to the front in Salutland were, as we have already seen, scientific sanitarians, as well as professed healers of the sick. Any man who called himself a physician was held of no repute unless he combined all these characters, and, on the ground that prevention is better than cure, let prevention stand first in his thoughts. If any one remained content to treat the sick and to be concerned merely with the symptoms of disease, and the medicines that would, as it was fancied, cure the sick, he quickly fell into the position of an empiric, and found it difficult to hold a place in the pale of the legitimate followers of Æsculapius. "Give me the management of the food, the fire, and the window of the room of a sick man," said one of the legitimate representatives of this philosophy, and though all the empirics of the commonwealth, with all their nostrums, be called to treat that sick man, I will govern everything they do that is not actually mischievous." Thus the science of medicine, which in its true and honest position is always in the front rank of advancement, was now somewhat changed. The doctors continued to keep a correct history of diseases, of the course of diseases, and of the causes of diseases, but they added an equal knowledge of prevention, particular and general, and valued that knowledge most.

As in this way they became more and more imbued with philosophical principles, they instituted a grand inquiry, which was called by some the great instauration of medicine. Dismissing all special modes of cure by particular systems or assumed specifics, they determined to know once and forever what diseases would and what diseases would not get well without the aid of medicines of any kind, the general conditions for recovery being rendered as perfect as was possible. They agreed, in common, to test this method for a month; this being found satisfactory, they extended the trial for three months, for a year, and

finally for five years. They then compared the results of those years with the results of the same number of previous years. The revelation was astounding, and practically reduced the system of treating disease by drugs to such a minimum, that the drug trade ceased virtually to exist. The prescribers and sellers even of infinitesimals were themselves forced at last to give up their case, and to admit that their eyes had been made the fools of their other senses.

This discovery of the triumph of preventive art did not satisfy altogether. It left on record the fact that nature never goes out of her path to cure, and that what has been called the *vis medicatrix naturæ*, was as much a myth as any other of the past myths of physic. It left on record, also, that under the happiest apparent external conditions some diseases will run their fatal course as decidedly without medicines as with them.

The diseases which so progressed were, in turn, discovered to be diseases of what we call constitutional type, depending upon heredity. They were four in number: scrofula with its attendant, pulmonary consumption; cancer; specific disease; and insanity. The majority of the physicians, seeing the results I have named, began at once to teach that, as these diseases were obviously diseases of descent, and were maintained by the intermarriages of persons subject to them, there was only one sure and certain mode of removing them, and that was a common-sense rule, that such intermarriages should not be tolerated. Gradually, as this true light dawned on the people, the advice was followed, with the effect, in an incredibly short space of time, of eliminating these last and most potent miseries of mankind. A few of the physicians, more enthusiastic than the rest, continued to follow out means of cure, and so to set heredity itself at defiance. Whether they would have succeeded remains an open question, for they lost their chance of testing their learning. One of them, it would seem, did advance so far as to declare he had discovered a true specific for the worst of the hereditary complaints; but when he was prepared to put his plan into practice, he failed to find, in his own country, the precise case on which to exercise his skill. His brethren thereupon, with much good feeling, provided him with the means to cross over to America to practice his method there. He went, and found abundant opportunities: but reaping, unfortunately, an unmitigated failure, he was soon content to come back to his own people and to admit that prevention is the natural secret of medical success.

By the eradication of the hereditary diseases, the Salutlanders added full ten more years to the expected value of life, with a near prospective of the full hundred years before them, while insanity was reduced to half its former degree in one generation.

The second of the final advancements had relation to food and feeding. The physiologists, dealing with the two questions of digestion and food for digestion, were led to the conclusion that a considerable shortening of life was induced by the excess of work which was put on the digestive organs. They bore in mind a fact I have already mentioned, that many persons die from the wearing out of one particular organ, the rest of the organs being still healthy. Of all organs, they agreed the stomach is most exposed to this danger. It is so much more worked in comparison with other organs, that it must be the first to die, unless the uses to which it is put be wisely directed. They found, on inquiry, that the truth was as they suspected it to be, and that the stomach was distressed both by quantity and quality of food. The result of the research led to quite a social revolution. Following a suggestion thrown out by Flourens, they decided, on anatomical grounds, that man was neither herbivorous nor carnivorous, but a frugivorous, or fruit-eating animal. Next they estimated the precise amount of food and of drink that was necessary to support the reserve and the active life in the varied stages of life. Again, they determined the reduction of food that is required when the reserve life is withdrawn, and when, the active life being left alone, it is the more requisite that no additional surplus of tissue or fluid, fat or water, should encumber the body, that no excess of force should be supplied to the digestive organs to the deprivation of other organs equally important, and that no over-taxation should be cast on the digestive organs themselves. Step by step, they were led hereupon to the introduction of an entire change of food and feeding. Animals were given up as sources of sustenance; fruits became greatly in demand; the bread tree competed with wheat grain; the banana and the grape were called largely into use; the juices of fruits almost entirely superseded water as beverages, while chemistry, coming in always to the assistance of man, easily transmuted many vegetable substances into the most perfectly digestible foods for every variety of age and constitution. Of purely animal substances, milk only, and the products of it, butter and cheese, retained full sway. Of the vegetable kingdom not frugivorous, cereals, pulses, tomatoes, potatoes.

and other fresh vegetables, with the edible fungi, retained their useful place; and in respect to quantity of food and drink, not more than half by weight began to be consumed compared with what had been consumed before. The change thus commenced soon became universal. It modified not in the least the spirit of hospitality, while it refined it immeasurably. To banquet for the sake of mere sensual gratification became an obsolete vulgarity; to eat till the sense of oppression from food was the accepted index of enough, and nothing less, was soon considered worse than vulgar; while the value of abstention to the body at large, by the saving of digestive power and of stomach cell life, added another period to the general life that had already been acquired. * * * * * * *

Communications.

CASE OF FRACTURE OF THE HEAD OF THE HUMERUS, AND DISLOCATION OF SAME INTO THE AXILLA, WITH COMPOUND COMMINUTED FRACTURE OF THE ELBOW JOINT.

BY H. A. SPENCER, M.D.,

Of Erie, Pa.

On April 5th, 1879, Thomas Normington, aged seventy-five years, while in the act of riding in a double wagon, and hanging on to the shafts of a sleigh that he was pulling along behind with him, was, by a sudden start of the horses, in turning a corner, jerked out of the wagon, striking on the frozen ground, upon his right shoulder and elbow; he was at once picked up and brought to my office. I was absent at the time of his arrival, but a messenger was dispatched for me, and within half an hour after the accident I was in the presence of the patient, whose general appearance showed plainly that he had received a very severe injury. After administering to him proper remedies to overcome the shock that the injury naturally produced, I proceeded to make an examination of the case. I found a very severe compound comminuted fracture of the elbow joint; in fact, it was literally smashed. I also found what I at first supposed to be a simple dislocation of the head of the humerus into the axilla, but upon a more thorough examination of the case, I found, to my surprise, that the head of the bone was not only dislocated, but fractured also, and that the ends of the fractured bone were at least two inches apart. I at once called a carriage and had the unfortunate old gentlemen conveyed to his home, which I found to be a very simple, unpretentious one indeed, consisting of one small room, eight by ten, the furniture a poor, dilapidated bed and an old worn out stove, his only companions being a wife so deaf that a clap of thunder could not arouse her, and a few chickens, one of which was, at the time of our arrival, occupying a portion of the bed as a nest. I got my patient on to the bed, and procuring a pillow, placed the injured arm upon it, applied proper lotions, gave him an opiate hypodermically, and left for home.

As this was a new kind of case to me, and not having seen much in the books in regard to dislocation and fracture of the head of the humerus at the same time, I concluded to call in assistance. Accordingly, the next morning I requested my friend, Dr. C. Brandes, of this city, to see my patient with me, which he very kindly did. After examining the case thoroughly, we both agreed as to the nature and extent of the injury, and that, taking all things together—the age of the patient, the extent and severity of the injury, and the impossibility of reducing the dislocated bone—the chances were against our patient recovering, and decided to keep the arm on the pillow, semi-flexed at the elbow, expecting, of course, if he recovered at all, it would be with an anchylosed elbow joint, and an arm that would be nearly or entirely useless. But it seems, as the sequel will show in this case that we do not always know how much the "*vis medicatrix naturæ*" may accomplish, even in a case where the patient has reached his threescore years and ten. I visited the case every day; on the fifth day after the accident occurred the inflammation and swelling were fearful, ecchymosis appearing from the shoulder down to the hand, and the limb really, at this time, had more the appearance of general gangrene, than anything else; there was a great tendency for the broken end of the humerus to slough through the muscles near the shoulder joint, which I only prevented by keeping the limb well elevated on the pillow. I kept my patient under the effects of morphia, which I administered hypodermically, applied soothing and cooling applications to the limb, and let it go along.

After about twenty days the inflammation and swelling began to subside, and the general appearance of the arm looked better, and in eight weeks from the date of the injury I supported the limb in a light dressing, and put it in a sling, and let the old man get up and go about the house. In a few days he went out doors, and soon came to my office. I then gave him direc-

tions to commence motion with it, all he could bear, and from that time until the present the case has gradually improved; and what is more singular than anything else is, that the elbow joint is nearly as good as ever; supination and pronation are good, and in time I think the joint will be nearly perfect. Of course, the greatest difficulty is at the shoulder joint; the head of the humerus lying in the axilla, and the other broken extremity pressing on the muscles of the upper portion of the arm, keeps up more or less irritation: but the patient informs me that it is improving all the time, and that he can lift almost as much with that arm as he can with the other, and that he is able to split wood and do almost any kind of light work.

I find Mr. Normington to be quite an intelligent old gentleman, well preserved; he informs me that he was born in England, was in the British army thirteen years, has always had good health, and thinks he will be able to take care of horses again, which he has always done a good deal, and is extremely fond of.

My reasons for reporting this case are, that I think it is a case that rarely occurs, and as far as I remember very little is said about it in the books: also the extent and severity of the injury, the extreme age of the patient, and the unexpected favorable result of the case.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. WM. PEPPER.

Reported for the Medical and Surgical Reporter, by Wm. N. Morrison, M.D.

Aneurism of the Descending Arch of the Aorta.

I had intended to bring before you, last Wednesday, a colored man in whom I had diagnosed aneurism of the descending part of the aorta, but the man died from hemorrhage before that time. I have here the heart and a portion of the aorta, and we will be able to determine as to the accuracy of the diagnosis.

I will give you the history of the patient. He was a colored man, 37 years old. He had never been very strong, and had never been able to work very hard. Ten years ago had syphilis, and had it again two years ago. He had had ulcerated sore throat, osteocopic pains, etc. He had been in the hospital several times.

On questioning him I found that he had pain in his chest, which began about three years ago. He had pain running around the base of the chest. The pain was most marked near the angle of the scapula, about opposite the fourth, fifth, or sixth dorsal vertebræ. The pain was more marked on the left side. He had pain which ran down the arm, but this was not the pain of true angina. He was troubled with a little palpitation and slight cough. He had slight hemorrhages, the first of which occurred on the 26th of August. He was then admitted to the hospital. Another hemorrhage occurred before I saw him. At the time I saw him he was expectorating a tenacious mucus, specked with little, hard, black clots of blood. On coming to examine his chest carefully, I found it well developed. The expansion on the right side was not as good as that on the left. There was no dullness on percussion on either side of the chest, front or back. On auscultation the respiratory murmur on the right side was much weaker than on the left. There was no bronchial breathing and no râles. We then arrive at the conclusion of phthisis, which would be suggested by the hæmoptysis, cough, breaking down of the health, and pain in the chest, but the physical signs showed that while there was some impediment to the expansion of the right lung, yet we could find no deposit, nor any organic disease of the lung at all. When we examined the place where the pain was most marked, we found it tender to the touch, but there was no prominence, and although I auscultated it with extreme care, I could hear nothing at all abnormal. Having excluded the idea of tubercular phthisis of the right lung, it seemed to me that the only explanation for this impaired expansion and weak respiration in the right lung was that there was some cause of pressure upon the right bronchus. It might be a solid mass, or, more probably, an aneurism of the aorta. He was able to swallow solid food, but he said that there had been difficulty in swallowing, which had passed away. There was no interference with the voice. There was, therefore, no pressure upon the œsophagus or the recurrent laryngeal nerves. When I examined the pulse in both radial arteries, I found on one side strong pulsation and on the other there was none, but further examination showed this to be due to the radial artery taking an unusual course, and passing around the styloid process of the radius to reach the back of the wrist. When I found the pulse it was exactly like the pulse on the other side. The heart was not enlarged materially, and was in its natural position. There was no valvular murmur to be heard; but over the junction of the upper and middle portion of the sternum, when the patient leaned forward, I could feel a very slight, diffused, heaving impulse. By placing my hand over the heart, I could tell that the impulse was not transmitted from the heart. When I placed the stethoscope over this point I could hear a distant bruit. This man's pain caused him to prefer a situation sitting up and leaning forward, and when he slept he slept lying upon his face. This was very significant of some mass in the chest pressing backward. We had, therefore, evidence of pressure upon the right bronchus, evidence of hemorrhage into the air passage, occurring with slight pulsation and distant bruit, not transmitted upward, and I felt pretty sure that we would fine a small aneurism of the descending aorta lying over the vertebræ, and pressing upon the right bronchus. The aneurism was on the point of rupturing when I made this diagnosis, and the man soon after died, from hemorrhage from the mouth. We will now turn to the

specimen and examine it. The heart is not at all enlarged; following the aorta we find no disease in the innominate, left common carotid, or left subclavian. We now come to the point where the aorta turns downward and backward, to apply itself to the left side of the vertebral column, and there we find an aneurism, about three inches in diameter. This was firmly attached to the bodies of the third and fourth dorsal vertebræ, which were eroded at that point. It pressed strongly upon the right bronchial tube. The aneurism opened by tearing through the tissue of the upper lobe of the left lung. This aneurism was situated in such a position as made it most difficult to detect. We could get no prominence behind, no dullness on percussion, no pulsation, and no murmur, because the aneurism was so deeply situated, with the vertebræ and muscles intervening. At the same time, it was so deeply situated in front that it produced no signs there, except a very faint impulse when the man leaned forward, and a very distant murmur, only heard when the attention was strongly fixed.

Usually, aneurism in this situation reveals itself by pressing upon important structures. It does not press upon the laryngeal nerves, because they are too far front. We usually have pressure upon the œsophagus, pressure upon the bronchial tubes, with extreme dyspnœa, with feeble expansion and weak respiratory murmur. Only the last two were present in this case. If we meet with a case where, without any sign of organic disease of the lungs, we have unilateral impairment of expansion, and respiratory murmur associated with prolonged expiration, and in which stridor is also present, there is reason to suspect pressure upon the corresponding bronchus; and then an examination of the circulatory system will usually show whether the tumor is an aneurism or not. In this case the aortic and mitral valves are perfectly healthy.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. R. J. LEVIS.

REPORTED BY G. F. SOUWERS, M.D.

Phosphornecrosis.

I present a case of the rather rare form of bone disease, called phosphornecrosis, or "the phosphorus disease." It is peculiar to individuals who have been long exposed to the fumes of phosphorus, and was unknown before friction matches became the subject of extensive manufacture. In these factories, only those who are exposed to the reeking fumes of the fused phosphorus are liable to suffer, and it is only after a number of years of such exposure that those engaged in the process of *dipping*, as it is called, begin to present the peculiar manifestations of the disease. Of late years the affection has, happily, become less frequent, on account of the care with which arrangements are made in the factories for carrying away the poisonous fumes. The disease would seem to require a constitutional susceptibility, as but comparatively few of those exposed become affected. Many persons continue at the occupation through a working lifetime, with entire immunity; with others there seems to be a peculiar diathesis or tendency to the affection created, which only awaits some local irritating influences, as ordinary caries of a tooth, to awaken a periostitis, which is sure to go on to the death of the subjacent bone. So generally is the phosphorus disease associated, in its incipiency, with one or more carious teeth, that some of the best authorities believe in the local trouble being entirely due to absorption through an exposed tooth-pulp. I have had good opportunities of observing many cases of phosphornecrosis from the match factories of this city and of Wilmington, Delaware, from the early manifestations of the disease to the entire necrosis of the lower and of the upper jaw, and am convinced that the accident of a carious tooth stands in relation to it as but an excitant of periosteal inflammation, which, under systemic influences, goes on to the death of the bone.

Persons who are exposed to the vapor of phosphorus should at once discontinue their occupation when the teeth become tender, with a sense of elongation on coming together, and when pressure on the gums becomes painful. The progress of the disease is slow and insidious, but it so surely goes on to necrosis of more or less of the maxillary bones, that very decided treatment at the onset is essential, and I know of no way of checking its destructive course, but by free and deep incisions into the periosteum of the alveolar portions of the bones affected. I would advise that, in the incipiency of the disease, the carious teeth should be removed, and that thorough periosteal incisions be made, the patient being kept on a full, nutritious and stimulating diet, and taking full doses of the tincture of the chloride of iron and of the sulphate of quinine.

The lower jaw is more frequently affected than the upper, and it is a curious characteristic of the disease, that the periosteum of the lower jaw throws out an ossifying callus, which sometimes forms quite a compensatory bone, that preserves the form of the lower part of the face. In this manner, almost the entire lower jaw may be encased as a sequestrum, and has been bodily removed by operation. Such ossific replacement does not occur in phosphorus disease of the upper jaw.

This man has worked many years in a match factory, and had once suffered from necrosis of the upper jaw on one side, with some loss of structure, but now the malar or cheek bone is affected, and this is the first instance I have seen of phosphornecrosis of that bone.

You will observe that there are two sinuses in the cheek, leading to the malar bone, from which there exudes a poorly organized pus; on passing a probe into these openings I find them to be the mouths of sinuses leading down to the necrosed malar bone; further, that the probe may be passed in at one and out at the other opening. This man, for some weeks, has been placed on the use of tonics and good nourishment, and is in much better condition than when he first presented himself. There is at this stage of the affection but one method of treatment to be pursued, and that is the removal of the whole of the necrosed bone. For this purpose I shall require a knife, bone chisels, gouges, etc. Before commencing the operation I plug the external

auditory meatus with cotton, so that the blood shall not find its way into this passage, and there clotting annoy the patient. I now make an incision, trap-door in form, and connecting the two sinuses, and I am ready for the next step, which is the application of gouges, forceps, etc., for the removal of the diseased bone; on applying these instruments I am enabled to remove all of the malar bone, including the orbital plate. All fragments of bone, debris, etc., are now removed, the bleeding vessels ligated, the edges of the wound approximated, and the carbolized oil dressing applied.

Editorial Department.

Periscope.

Value of Hyoscyamine in Mental Affections.

Dr. E. Prideaux, in the *Lancet*, recommends this drug, in doses of $\frac{1}{16}$ of a grain thrice daily. He says—

In cases of senile dementia, in the paroxysms of excitement which occur, hyoscyamine exercises a marked benefit, subduing the excitement very quickly; but as the subjects of this disease are nearly always very infirm and feeble, and their arteries almost always in a condition of atheroma and degeneration, it is only in some cases that it is admissible, and any drug tending to produce cerebral hyperæmia should be given with the greatest caution.

In the excitement occurring in the earlier stages of general paralysis it is stated by Dr. Lawson to be also of great service, but I have not had a favorable opportunity of testing it.

In melancholia it produces little effect, and cannot be said to be of any service.

In conclusion, as a summary of the results of the use of hyoscyamine in a considerable number of cases in this hospital, and from the cases reported by others, in regard to its advantages and disadvantages in the treatment of the various diseases of insanity, it appears—

1. That in most cases of mania, or where there exists great excitement of an aggressive and destructive character, or rapidity of movement and speech, the use of the drug is the most effectual and rapid means of exercising that form of restraint which has been termed "chemical restraint."

2. That in cases of acute mania it will produce sleep and quietude when all other drugs have failed, and is one of the most rapid and reliable narcotics we possess.

3. That in the treatment of the epileptic status in epileptic mania it diminishes the number, frequency, and severity of the attacks, especially if its administration be extended over some time.

4. That in delusional insanity, especially the mania of suspicion and other forms of mania where the delusions are varying and changeable, it has a decided action in producing such an altered condition of the cerebral status that a condition which has been termed "physiological mania" results, and this so eclipses the former delusions and hallucinations that they are forgotten and the mind becomes clear; while, if the subjection to the influence of the drug be continued, it ultimately leads, under favorable circumstances, to a permanent condition of quiescence and restoration to a healthy state of mind.

5. That in chronic dementia, associated with destructive tendencies, bad habits, and sleeplessness, the condition of the patient much improves after a continued course of small doses of the drug.

The advantages that have occurred in its use, and which have to be guarded against, are: The dryness of the tongue and pharynx that occurs, especially after a prolonged administration. This has been thought to contra-indicate its use in cases of artificial feeding, but provided the tube be dipped into an oily liquid before passing, I have not found it any inconvenience. The attacks of vomiting that have occurred in some cases, after an administration of some weeks, necessarily lead to a discontinuance of the drug. Vomiting occasionally occurs after one dose, even a small one, and in two cases mentioned by Dr. Lawson hæmatemesis took place. When rapid and sudden action of the drug is feared in feeble cases, it is better to administer it with the food.

Salicylic Acid in the Treatment of Diabetes.

Dr. Schaetzke publishes, in the *Berliner Klin. Wochenschrift* for June 2d, 1879, the history of three cases of diabetes successfully treated by salicylic acid. The first case was that of a lady aged 50, who had for eighteen months been under treatment for chronic gastric catarrh. Her father, sister and husband had died of tuberculosis. When she was seen by the author, he at once suspected diabetes, from the excessive thirst, polyuria, caries of the teeth, etc. The urine was examined, and found to contain sugar; the specific gravity was 1.038. The patient was treated with salicylic acid, 3 grams (45½ grains) being ordered to be taken three times daily, for three days. On the first day, however, she felt giddy and had nausea. On the second day she vomited once; her hearing was affected, and her gait became unsteady. The dose was, therefore, reduced from nine grams daily to three grams. Owing to her intolerance of salicylic acid, Herr Schaetzke sent her to Carlsbad. Upon her arrival there the urine was found to be perfectly free from sugar, and remained thus both during her cure and afterward. The second case was that of a man aged 58, who probably had been suffering from diabetes for the last two years. The urine contained a considerable percentage of sugar. As the patient could not be

prevailed upon to go to Carlsbad, he drank the waters at home, but without much benefit. Herr Schaetzke then again resolved to try the salicylic acid treatment, beginning, as in the first case, with three grams three times a day. The patient also evinced great intolerance of the drug. It was, however, continued for two weeks, in doses of three grams daily during the first week and two grams during the second week, when the sugar disappeared from the urine and did not reappear. The other case was that of a girl, aged 26, who had been suffering from colic for years. She was treated in the same way as the other two patients, but was obliged to discontinue the treatment after the first four days, owing to her intolerance of the drug. A week later another attempt was made with a dose of two grams daily; this was continued for a fortnight, when the urine remained free from sugar. It is curious that in every one of these cases the patient should have been so intolerant of the salicylic acid. Could this phenomenon be in any way connected with their disease? and, if so, in what way? A series of three cases can hardly be regarded as sufficient for establishing the reputation of salicylic acid as a cure for diabetes; but the subject is worthy of being more thoroughly investigated.

Purgatives in the Early Stages of Typhoid.

On this disputed subject in treatment, Dr. E. M. Boddy writes to the *Medical Press and Circular*, October 8th—

In the premonitory stage of typhoid fever we have the usual symptoms indicative of a febrile condition, which we very often see in patients who are suffering from the pernicious effects of prolonged constipation through over eating, inactive habits, and inattention to the bowels. I have noticed this marked similarity of symptoms frequently, and I am sure that some of my patients (when the diarrhœa had commenced, owing to the inability of the intestines to contain their contents) would infallibly have dropped into that condition called typhoid fever, had the administration of calomel not been resorted to.

We find that the premonitory symptoms are chilliness, offensive breath, a dry, furred tongue, loss of appetite and nausea, bowels constipated and irregular, and the urine loaded with phosphates; and there is also a pain in the back. These are the principal symptoms, which are quite sufficient for our purpose, pointing decidedly to bowel disorder, and would be speedily rectified by the administration of such a purgative as calomel. This simple treatment, however, is overlooked, and consequently, the patient gets worse, and by reason of this abnormal condition of the bowels being unattended to, the patient sooner or later, according to the degree of strength he possesses, succumbs, and typhoid fever results, which very likely is ascribed to invisible germs, to milk, or to some infectious excreta, or to something else equally difficult to disprove. However, it is easy to see that the symptoms point to bowel complication, and we shall find further on that they increase in intensity, owing to the fact that the administration of purgatives is entirely neglected. In the first week (for this fever is divided into different stages) there is great nervous depression, the pulse increases in frequency, there is extreme thirst and heat, the patient complains of pain in the head, accompanied with giddiness, and now the diarrhœa commences, and we get the famous typhoid stools; the abdomen feels full, and in some cases tense and painful, and we become aware, on pressing the right iliac region, of a gurgling sensation, which is communicated to the finger.

A Case of Amenorrhœa.

The *Medical Press and Circular* gives the following case from the clinic of Dr. Lyster, of Liverpool:—

C. Q., aged 22, came under notice suffering from great pain over the left eye and temple, loss of appetite and debility.

History.—The catamenia commenced at the age of 13, and were regular till twelve months ago, when they ceased. Every kind of medical treatment was tried, without avail, while the patient was suffering great pain, and becoming thin and anæmic.

On examination per vaginam, the cervix uteri was found thickened, elongated, and very tender to the touch, and from the os uteri was hanging a thick, gelatinous secretion. As a primary measure the cervix was punctured and relieved of a few ounces of blood, and a glycerine pad placed against the os uteri. Relief was obtained, but the pain and discomfort returning, it was thought advisable to dilate the cervix with sea-tangle, and cauterize the interior of the uterus with carbolic acid. Glycerine pads applied to the uterus till the sloughs separated. The pains ceased, the appetite returned, and the patient was discharged from the hospital; but the catamenia not returning, the patient again applied for admission. A galvanic pessary was introduced, which brought on the catamenia in a week: menstruation was again deficient, but the introduction of the galvanic pessary was again sufficient to produce them, and since then the patient has been in good health and menstruates freely.

Salicylic Acid in Infantile Eczema.

Dr. T. Von Gensor, of the Foundling Hospital, Vienna, is quoted as follows, in the *American Journal of Obstetrics*:—

The most common skin disease in children is moist and oozing eczema, which appears chiefly on the face and head. Without discussing the question whether it is a local or a constitutional disease, but simply stating that we in Vienna consider Hebra's opinions as the direct guide for treatment. I may say at once that the local means used are by far the most important, if not in all cases the only ones. The great number of local remedies which have been proposed serve only to show that none of them succeed in all cases. Salicylic acid has, perhaps, latest come upon the scene, and has now been used in this institution for two years.

The results of our observations may be shortly stated: Treatment with ointment of salicylic acid is eminently successful in cases of *moist* eczema.

The diseased regions treated by it quickly dry up; the skin, at first deeply reddened, repeatedly scales off, and becomes thereby paler and paler, until it is restored *ad integrum*. We have never seen evil results. Immediately after its application the salve causes more or less burning, and the children cry a little, but this soon ceases. Of course, we must not expect too much from the salve. It does not prevent the formation of new vesicles on the periphery, that is, the extension of the eczema. Some cases are extremely obstinate in yielding to it; can, however, be perfectly cured by it without internal remedies.

The ointment is of less value in the dry, scaly form of eczema (squamosa), which so often occurs in children's faces. Here we have to fall back on the tar.

In intertrigo the ointment has given good results.

We have also used it in cases of dermatitis exfoliativa. In his monograph on this disease, Prof. Ritter states that sometimes the denuded corium is moist and oozing, and sometimes dry. It is in the first form that the salicylic salve has proved of great benefit.

Diseases of the Eustachian Tube.

These diseases are, perhaps, not sufficiently considered. Dr. George P. Field, in the *Medical Press and Circular*, points out that the Eustachian tube forms a connecting link, both anatomically and pathologically, between the throat and tympanum. Its diseases are chiefly limited to its mucous membrane, which may suffer from acute or chronic catarrh, the result of which may be an exudation of glairy, inspissated, or purulent mucus. It may undergo thickenings or contractions throughout its whole length, or at various parts. The causes of its most intense inflammation are certain fevers, namely, scarlatina, variola and diphtheria; less severe acute or subacute inflammations result from catarrh, arising from cold, gouty catarrh, catarrh from irritation of the alimentary canal, or from local hyperæmia, the results of smoking, and perhaps of alcoholic excess. The ulcerations of the Eustachian tube are interesting; they are chiefly such as affect the throat; namely, syphilitic, tubercular, follicular, diphtheritic, and variolous; these are nearly all confined to the region of its mouth in the pharynx; nearer the tympanum ulcerations are chiefly secondary to caries of the temporal bone or epithelial cancer. Polypi have sometimes been met with in the tube.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Lunacy Asylum reform is occupying the attention of Dr. E. C. Seguin in the *Archives of Medicine*. A reprint of his trenchant article has appeared. There is plenty of occasion for his strictures, and he will receive the thanks of unbiased men for his efforts.

——Lindsay & Blakiston's Physician's Visiting List, for 1880, has appeared, and will no doubt be welcomed by many who have become accustomed to its arrangement. The publishers steadily maintain its grade of excellent manufacture.

——"The Extirpation of the Ovaries for some of the Disorders of Menstrual Life," is the title of a paper by Dr. William Goodell, extracted from the *Transactions* of the Pennsylvania State Medical Society. It is characterized by his usual clear statement and felicitous illustration.

——An article read before the Massachusetts State Medical Society, by Dr. John H. Gilman, of Lowell, gives the history, pathology and treatment of the disease. It contains nothing new, except, perhaps, some directions for the treatment of the disease by carbolic acid.

——Of the "Health Primers" republished by D. Appleton & Co., New York City, the latest is "The Skin and its Troubles." It begins with chapters on the structure and function of the skin, gives the practical applications of these facts, treats of the effects of poisonous clothing and irritating applications, and closes with a chapter on the hair and its management. It is a very useful manual.

——Dr. C. Henri Leonard, of Detroit, has prepared a third edition of his "Reference and Dose Book." It contains the doses of all the officinal, and of nearly all the non-officinal drugs and preparations of any currency, and a number of brief memoranda, as poisons and antidotes, tests of urine, pronunciation, rules for writing prescriptions, etc. The paper and print are not quite up to the mark; in other respects the little book is very satisfactory.

——In very handsome form, with red rules, and neatly bound in cloth, the Kentucky State Medical Society publish the memorial oration in honor of Dr. Ephraim McDowell," "the father of ovariotomy," by Professor S. D. Gross. It was delivered at Danville, Ky., May 14th, 1879, and is a worthy tribute to one of the leaders of American surgery in a past generation. It contains a handsome steel engraving of Dr. McDowell. For sale by John P. Morton & Co., Louisville.

——The fifth of the "American Health Primers," edited by Dr. W. W. Keen, is "The Throat and the Voice," by Dr. J. Solis Cohen. It will be among the most popular of the series, both on account of the straightforward, unaffected style of the author, and also on account of the interest which so many feel in the culture and preservation of the voice, and in the

class of diseases (croup, diphtheria, sore throat, catarrh, etc.) which is here treated of from a sanitary point of view (Lindsay & Blakiston. Price 50 cents).

——"Consumption, and how to Prevent it," is the promising title of a little book of eighty-nine pages, 12mo, by Dr. Thomas J. Mays (New York, G. P. Putnam's Sons, 1879). His conclusions are, that consumption is "a premature dissipation of the force and matter of the body;" and that its prevention is to be attained "by preserving the organs of digestion, by eating an abundance of nutritious food, by breathing pure air, by living on dry soil, by wearing warm and comfortable clothing, by taking plenty of physical exercise, and by avoiding disease and injurious occupations." True enough, but how many consumptives are in a position to take these measures?

——In a reprint, Dr. J. M. Keller, of Hot Springs, Ark., gives us some facts about this over lauded health resort. Of its use in syphilis, he says—

"The daily assertions and many circular statements that syphilis, under any plan of treatment here, can be cured in four or six weeks, are all false, and have done much to ruin the reputation which the Springs actually deserve. It is useless for any one to come here under any such assurances, expecting to be cured. They will surely be disappointed."

Ten weeks, at least, are required for a cure at all permanent. Chronic rheumatism and neuralgia seem the complaints most certainly benefited.

BOOK NOTICES.

Hygienic and Medical Reports by Medical Officers of the U. S. Navy. Prepared for publication, under the direction of the Surgeon General of the Navy, by Joseph B. Parker, A.M., M.D., Surgeon U. S. N., etc. Washington, 1879.

This bulky volume of 1079 pages presents an amount of information, medical, sanitary, climatological and sociological, to which no sort of justice can be done in the limited space of this notice. It is divided into two parts, the first being a collection of reports of medical officers at different stations; the second a number of papers on special subjects by various members of the naval medical staff. Several are on yellow fever, by Surgeons Woolverton, Tryon, Ayers and Perry, and Medical Inspectors Wilson and Mays. A very thorough paper on leprosy, especially as it appears in the Sandwich Islands, is contributed by Surgeon George W. Woods. Sound views as to the relations of air and moisture to health on shipboard, are in a paper by Medical Inspector Thomas J. Turner. Other topics are: Turkish Hospitals, by Dr. J. C. Wise; Madeira as a Sanitarium, by Dr. A. M. Moore; Vaccination in Japan, by Dr. A. F. Price; Life Saving at Sea, by Dr. C. J. Cleborne; The Navigation of the Amazon Hygienically Considered, by Dr. M. L. Ruth; Medical Topography of the International Exhibition, in 1876, by Dr. Joseph Wilson; on Plague, by Dr. J. C. Wise; a Case of Popliteal Aneurism, by Dr. F. M. Dearborne; a Case of Chorea successfully treated by Cannabis Indica, by Dr. C. A. Siegfried; and others. Quite a number of maps, plans, diagrams, and illustrations are inserted in the work, and its appearance and contents are highly creditable to the members of the naval service.

The National Dispensatory. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines. By Alfred Stillé, M.D., LL.D., and John M. Maisch, PHAR.D., etc. Second edition, with numerous additions. Philadelphia, Henry C. Lea, 1879. pp. 1680.

The prompt appearance of the second edition of this work indicates the favor with which it was received by the pharmaceutical and medical public. The principal changes are stated to be the introduction of several drugs under separate headings, and of a large number of drugs, chemicals and pharmaceutical preparations, classified as allied drugs and preparations, under the heading of more important or better known articles. A number of illustrations have also been added, and the indexes enlarged.

The frequent use we have made of this Dispensatory, since its first appearance, has impressed us favorably with its arrangement, which is more convenient than that of the U. S. Dispensatory; with its clinical and pharmaceutical accuracy; and with the general precision of its statements. On the other hand, we have not found it, as a work of reference, so complete and satisfactory as the U. S.; and Dr. Stillé, in his therapeutical articles, is too positive and conservative for our taste. He does not give references with sufficient fullness, and he is guided too much by his own experience, and too little by the general opinion, the *consensus*, of other medical writers. While he errs on the safe side, it seems unnecessary to err at all; there are many questions still open which he speaks of as if they were forever decided.

THE

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VARIOUS METHODS IN THERAPEUTICS.

It is interesting to watch the tendencies of therapeutics, and observe how from time to time one method acquires popularity and another loses it, almost unconsciously to the professional mind.

Twenty-five years ago, about, the *empirical* method was in the ascendant. Empirical is a bad name, and a method in medicine is like a dog, give it a bad name and it will kill it. Yet it is, in its true and proper sense, the correct word to apply to that method which had three most eminent advocates in three great countries, TROUSSEAU in France, NIEMEYER in Germany, STILLÉ in the United States. These influential teachers all agreed that we must learn the properties of drugs as modifiers of diseased processes by observation at the bedside, by close study and careful generalization of their results when administered to the sick, and that this method takes precedence of, though it does not exclude, the results obtained from pathology and physiology.

This is an ancient, in fact, the most ancient, plan pursued in learning the power of medicaments: and it is safe to say that four-fifths of the drugs which we know to be efficient in disease were discovered and their uses defined by following it.

Nevertheless, it was in large measure displaced by the *physiological* method. This placed in the first line the observation of medicines, not in disease, but in health, and less in man, where there are many difficulties presented, than in the lower animals. The assumption was that as the drug acted in a dog in health, so it would in a man in sickness: and this again was backed by a second assumption, that a given diseased condition requires for its alleviation the artificial production of a special physiological process. These two wide and awkward gaps in the reasoning did not prevent the physiological school from having many admirers, and from claiming that it alone was worthy to be called the "scientific" method of therapeutics. It has made a few valuable additions to the materia medica, but whether they were not mere "lucky hits" rather than anything better, is another question. It certainly is chargeable with inculcating the false notion that the patient study of disease can in a measure be supplanted by experiments in the laboratory.

The third method is the *etiological*. Bacon said: *vere scire est per causas scire*; and the advocates of this method say: *Bene agere est per causas agere*. They seek to divide and subdivide the forms of a given diseased condition with reference to its antecedents, and to direct their remedies in each case separately, as the causative indication calls for. No doubt, in many instances, this is an admirable plan; but it is extremely liable to abuse. There are a vast number of antecedents to a diseased state, and it is impossible to determine which bears a causative relation. Take typhoid fever; the reigning notion is that it is a zymotic disease; hence the etiologist will administer antiseptics: or it may be dependent on glandular disorder, as RICHARDSON teaches; then antiseptics are out of place. Symptoms of dysentery may arise from a variety of antecedents, malarial, epidemic

sympathetic, local, etc.: it is often impossible to tell which; hence the treatment goes wide of the mark, and probably in the long run loses more cases than the old fashioned routine plan, based on general experience. It is limited in its applications to where the cause is strictly defined, and even then this may be of such a nature that the proper drug is not clearly recognizable.

We pass now to a method which has come into favor mainly of very recent years. It is the *symptomatic* method. By this we do not mean the treatment of individual symptoms as they arise, but the division of a disease into a number of forms, each characterized by a group of associated symptoms, and then applying to each of these forms a separate remedial agent or combination. This is what the American Eclectic School of Practitioners call "specific medication." Their alleged specifics are not against a given disease, as is sometimes thought, but against an association of symptoms in a disease, or, if the expression is more correct, against a particular aspect of a disease. This is the teaching of SCUDDER and KING; and it has been boldly and largely introduced into the regular profession by RINGER and PHILLIPS, less so by BARTHOLOW, in their respective works on materia medica. Thus PHILLIPS writes: "Leucorrhœal discharges, attended by pain in the loins, feeling of weariness, depression of spirits, loss of appetite, and derangement of the nervous system, are quickly removed by a steady course of pulsatilla, in five-drop doses, three times a day." Again, "In chronic coryza, where the Schneiderian membrane is of a deeper red than is natural, and when its surface is more or less studded with minute ulcerated patches, with a profuse mucous discharge, varying in color and consistence, from thin, clear and starchy, to thick, greenish and yellow, five drops of tincture of hydrastis three times a day, will quickly set up a healthy action," etc. There is an air of accuracy and painstaking observation about all this, as well as a definiteness, of promise, which is very attractive —and we are inclined to believe, hardly less fallacious. It is too much like reading the *Codex Symptomen* of our Hahnemannian brethren; and the wholesale importation of their crude method of procedure would be a step backward. However, it promises to be the vogue for the present.

NOTES AND COMMENTS.

Therapeutical Notes.

TREATMENT OF DIPHTHERIA.

Dr. H. McCoy, of Wheeling, reports good success with his treatment of this disease (St. Louis *Medical and Surgical Journal*, October). It is as follows:—

℞. Liquoris ferri subsulphatis,
Glycerinæ, āā partes æquales. M.

SIG.—Mop the throat thoroughly with this, and apply externally a thin slice of fat pork.

℞. Acidi sulphurosi, f. ʒ vj
Syrupi simplicis, f. ʒ ij. M.

SIG.—Give a teaspoonful every hour or two.

In a malignant epidemic he treated thus 36 cases without the loss of one.

ARSENIC IN CONSUMPTION.

In the *Medical Press and Circular*, October 1879, Dr. William A. Pearse says the success of the following combination in many cases of consumption has been so great that he feels it a duty to bring it before the profession:—

℞. Liq. arsen. hydrochlor., ♏lxiv
Quiniæ sulph., gr. viij
Acid. hydrochlor dil., ʒ iij
Syrup. aurant., ʒ j
Infus. chirettæ, ad ℥ viij.

This mixture equals sixteen doses, of which one was taken three times a day, after meals. In many cases ten minims of sea water were added to each dose; in others two grains of sulphate of manganese. The patients were directed to continue the medicine during six weeks, then to allow an interval of a week, and again to resume treatment.

CHLORAL LOCALLY IN THROAT AFFECTIONS.

℞. Chloral hydratis, ʒ j
Glycerinæ, ℥ j. M.

SIG.—Apply locally, with a camel's hair brush.

The above is recommended in sore throat, tonsillitis, diphtheria, etc., by Dr. J. E. Chitwood.

Cheilo-Angioscopy.

By this arrangement of letters is meant the observation of the capillary circulation. Dr. HÜTER, of Greifswald, has succeeded in effecting it in the human subject. His apparatus consists of a small fixed platform, which is brought conveniently near to the head of the patient, a

spring clip serving to hold the head in a fixed position. The under lip is then drawn out and forward, and secured on the little platform by means of a padded spring holdfast. A brilliant light being thrown on the upturned mucous surface, the delicate capillary network is evident, even to the naked eye. However, a microscope of low power can be easily adjusted for more accurate examination, and by its aid the most valuable information is obtained concerning the condition of the blood, the relative proportion of red and white corpuscles, rapidity of flow, etc. By slight pressure on the lip it is possible to produce all the phenomena of stasis, and the epithelial cells of the mucous lining of the mouth can be perfectly seen. We can readily agree with the inventor of the cheilo-angioscopic apparatus, that its extensive employment will immensely assist the medical practitioner in attaining a speedy and accurate acquaintance with the most important data to guide him in forming his estimate of a patient's state.

The Immediate as Distinguished from the Permanent Treatment of Disease.

Dr. J. Milner Fothergill recently read an instructive paper on this subject, before the Harveian Society of London. He pointed how in many cases the treatment which gives immediate relief is not that to be continued in the permanent interests of the patient. He instanced first the free use of opium in the hacking cough of phthisis, and in chronic bronchitis, which gave immediate relief, but did harm eventually. Then, in the diarrhœa due to impacted masses in the rectum, astringent mixtures might give immediate relief, but they were not curative, while removal of the masses was. So, too, in neuralgia, the injection of morphia eased the pain for the time, but if continued, was more likely to confirm it than to cure it. Likewise in dyspepsia, of reflex origin; it was all very well to give the ordinary mixture to relieve it, but its cure depended upon the removal of the exciting cause. In gout, too, the application of cold, or of leeches, gives instant relief; but he quoted Garrod in illustration of the evil consequences which follow such treatment. But of all instances of the conflict between the present and the permanent treatment of disease, that furnished by endocarditis was, he said, the most striking. It was the rule to give tonics as soon as possible, and to get the patient up; but, he contended, the proper plan of treatment is to keep the patient flat in bed for some days after all evidence of active mischief has passed away. The growth of connective tissue in the valve curtains, which is lighted up by the inflammatory storm that passes over the endocardium, persists some time after the endocarditis itself is over: and it is the mutilation caused by the contraction of the neoplasm which we have chiefly to dread. Consequently, the true line of practice is to reduce the strain upon the inflamed valve curtains by complete rest, and the administration of agents which lower the blood-pressure within the heart and arteries. The more the connective tissue growth could be limited at the outset, the less the future mutilation of the valves. A few days in bed are nothing, compared to future valvular disease.

Dangers from Turpentine Vapor.

A Parisian correspondent of an English contemporary writes—

The danger of inhaling the vapor of turpentine has been long known, and its pernicious influence on the health is beyond all doubt, as has been verified in several cases occurring in persons sleeping in newly painted rooms, some of which have even proved fatal. Several theories, more or less plausible, have been propounded to explain the prejudicial effects of the inhalation of these vapors; but, whatever be the correct explanation, there is no doubt of the danger of occupying a room recently painted in which turpentine has been employed, before complete desiccation has taken place. It was pointed out by the Council of Hygiene, that a sudden death which recently took place in Paris was attributable to this cause, it being shown that it could not be ascribed to the lead which entered into the composition of the paint of the room in which the deceased slept; the lead, being fixed and non-volatile, cannot in these cases be accused of being the offending element.

Smallpox and Vaccination.

It is astonishing to see, in the New Orleans *Medical and Surgical Journal* for November, a long and leading article from Dr. M. Schuppert, opposing and condemning vaccination, on the same frivolous, partisan and utterly erroneous grounds which have been so often presented by anti-vaccination leagues, and so triumphantly refuted. Dr. Schuppert writes—

"Vaccination, as a protective measure against smallpox, has forfeited its claim to the confidence of every clear-sighted man. Whether it would be, therefore, in the general interest of mankind to abandon its practice totally, altogether, cannot

longer be doubted. The protecting qualities of vaccine are based on error which, under circumstances, may become even fatal."

Fortunately for this people, "the common sense of most," and the just verdict of scientific observation, remain in the ascendancy, and with what result? The answer comes in the National Board of Health *Bulletin*, November 8th, in these words—

"The mortality tables of the *Bulletin* have for many weeks presented the interesting fact that in more than one hundred of the largest cities of the United States, containing an aggregate population of over eight millions, not a death of a citizen from smallpox has been reported. This is one of the diseases that cannot escape detection and correct diagnosis when it proves fatal. The returns may, therefore, be regarded as entirely reliable in regard to this disease in all cities requiring burial permits. A reference to the tables of mortality in foreign cities, compiled from the weekly consular reports, which are now made with great care and accuracy, shows that smallpox is prevailing in various parts of the world, and in certain places with great severity."

Dr. Schuppert calls up the old bogy of vaccinal syphilis, ignoring the fact that bovine virus, now everywhere attainable, entirely does away with this slight risk. We are glad to find him relate that he was dismissed from the office of city Physician for exhibiting an erysipelatous arm as a result of vaccination; and we cannot but wonder at the kind of temperament he must possess to boast of this atrocious piece of deceit.

Correspondence.

Meeting of the Tri-States Medical Society.

Ed. Med. and Surg. Reporter:—

Your correspondent failed to put in an appearance here in time for the first day of the four that the Tri-State Society—Indiana, Illinois and Kentucky—remained in session, but fortunately got here in time to participate in the proceedings of the last three. The sessions were held in one of the finest halls your correspondent ever had occasion to speak in; a hall and room especially excellent in an acoustic sense. The usual preliminaries attended the opening of the Society's deliberations; Dr. Ireland's address came off the first evening, and was a very fine one indeed.

On the morning of the second day it became very evident that the press of material would be unusually great, and so the programme was modified. The various Sections—Surgery, Practice of Medicine, Obstetrics, Gynecology, State Medicine, etc.—sent in their reports, and the roster of papers was added to by volunteer contributions from distinguished visitors present who came from without the territory of the Society.

On this evening a public banquet, by which the physicians were brought in contact with the hospitable people of the city, served its purpose to the satisfaction of all.

Quite a number of physicians and surgeons from a distance arrived the third day, the printed programme setting forth the fact that Professor A. M. Owen would read a paper entitled "Lithotomy *vs.* Lithotrity," designed to review the position assumed by Dr. Reuben A. Vance, in the paper he presented the Society at Springfield, Illinois, a year ago, and which subsequently appeared in the Reporter under the title "The Principles and Practice of Modern Lithotrity, and the Recent Issues by which they are Imperiled," and it being currently reported, on the authority of the Secretary, Dr. G. W. Burton, that Dr. Vance had arranged to be present in time to participate in the discussion, at least, of that one paper.

The train brought great accessions to the number already on hand, and at 10 o'clock Thursday morning the number of physicians assembled in Evans Hall was estimated at between three and four hundred.

We noticed among visitors from abroad, Drs. Mussey and Vance, of Cincinnati, Briggs, of Nashville, Borck, of St. Louis, and Dudley, of Chicago.

The Evansville physicians who had not already read their papers made arrangements to withdraw their contributions in a body, in order that more time might be had for the essays of those who had come from a distance. This arrangement did away with the expected discussion looked upon as certain to follow Dr. Owen's disquisition, and also deprived those present of what would doubtless have been an able presentation of the facts from Dr. Owen's standpoint, for the latter is an able writer and a fluent speaker. It was rumored later in the afternoon that both Owen and Vance had agreed to present their views to the Society at the next meeting, to be held in Louisville, in the fall of 1880. In fact, quite a number of other interesting essays went over in the same way.

Three papers—which your correspondent particularizes because they were from outsiders—were contributed on Thursday, by individuals from a distance.

Dr. Edward Borck, of St. Louis, Missouri, dwelt upon "Ovarian Tumors," in certain of their surgical aspects, and inaugurated a discussion, participated in by Rumbold, Mussey, Jones, Briggs and numerous others.

Dr. Reuben A. Vance, of Cincinnati, read a very short paper on certain points in the preparatory treatment for Lithotrity.

Dr. Briggs, of Nashville, gave a full account of the surgical aspects of intestinal obstructions.

Dr. Gregory, of St. Louis, delivered a public address on Thursday evening, which was justly praised by all his auditors.

The fourth day was a repetition of the preceding ones. In fact, without attempting to particularize further, your correspondent declares that the session as a whole was one of the most enjoyable occasions of the kind he ever partici-

pated in. One feature of the affair was the genial, open-hearted hospitality of the physicians of Evansville, who did all in their power to make their visitors comfortable.

The history of the Tri State Society proves that an essentially practical and clinical organization can be made a grand success. MEDICUS.

Evansville, Ind., Nov. 8th, 1879.

Fracture of Base of the Skull.

ED. MED. AND SURG. REPORTER:—

The following case is, I think, of sufficient interest to warrant publication:—

John Quirk, aged twenty-nine years, an engineer in the employ of the Troy Whig Publishing Company, on the night of September 22d, while at work on the top of the boiler, in the engine room, fell backward, a distance of twelve feet, striking on the back of his head. I saw him within fifteen minutes after the accident. There was a large scalp wound over the occiput; blood was pouring from both ears. He was very restless, and at times violent, and although only semi-conscious, answered when spoken to loudly. His immediate removal to the Troy Hospital was directed, where, after prescribing a dose of potass. brom., with morph., and cold to the head, I left him until morning. He was then quite comfortable; had been violent at times during the night, and tried to get out of bed. A pale, watery fluid was running from the left ear; there was extravasation of blood over the left mastoid process; about twenty grains of brain matter was taken from the right ear. (Dr. Rousseau, one of the medical staff, kindly examined it microscopically, and reported that there could be no doubt as to the identity of the substance.) Very deaf; semi-conscious; slight squint of the right eye. Had not urinated since brought to the hospital; tried to introduce catheter, but he resisted so violently that chloroform was administered, when a large quantity of high-colored urine was withdrawn. It was not necessary to repeat this procedure thereafter, the urine being passed voluntarily. It was necessary, however, to arouse him for this purpose at regular intervals, though it was with great difficulty that he could be made to understand what was required. His condition did not vary much until the evening of the third day, when he had a severe convulsion, which lasted about thirty minutes. This was the only marked secondary effect noted while he remained in the hospital. His mind gradually cleared up, and on the eighteenth day after the receipt of the injury he left the hospital. He was then almost totally deaf, and complained of a fullness about the head

As to treatment, except the occasional use of brom. potash, and a little morphia, little or nothing was done. He was freely purged when the convulsion occurred.

Remarks.—The brain matter very rarely, indeed, exudes from a fracture of the base of the skull. When present, this symptom is, of course, decisive of the existence of fracture. The usual symptoms are either extravasation of blood or the escape of the subaraehnoid fluid, both of which were noted in the case cited. The fracture was probably through the petrous portion of the temporal bone, and involved the posterior fossa as well. C. C. SCHUYLER, M.D.

Troy, N. Y., Nov. 7th, 1879.

Treatment of Dropsy.

ED. MED. AND SURG. REPORTER:—

In reply to some recent inquiries in the REPORTER (page 371, current volume), I would say that, as a diuretic in dropsical cases, generally, the following is, incomparably, the best I have tried during a practice of nearly thirty years:—

R.	Potassii bromidi,		
	" acetatis,	āā	℥j
	" iodidi,		
	Pulv. potassii chloratis,		
	" " bicarbonatis,	āā	℥iij
	Tr. digitalis purpu.,		f.℥j
	Alcoholis,		f.℥ij
	Aquæ,		q.s

Shake to saturation.

SIG.—Coch. mag., ter die.

The medicine should be taken before eating, in water, flaxseed or watermelon seed tea. Give the above combination a trial before resorting to elaterium or paracentesis. Once upon a time, and while indulging in a random search for something with which to "hit the nail on the head," I determined to aggregate the forces of the above array. I was most agreeably disappointed, and in every case since the result has been truly pleasing. In no instance has the effusion refused to disappear or to greatly decrease, promptly and rapidly, on first trial, usually in three or four days, and in one case in twenty-four hours. Under some conditions, a longer time will, of course, be demanded. In two cases, perhaps, where it became necessary to recur for a second or third time to the use of the remedy, the effect was not so gratifying.

In conclusion, I will add, that while I do not give the prescription as curative, *per se*, in any considerable number of cases, I hesitate not to express my anxiety to have others test its virtues, believing that it will, as a basilar factor, be found most satisfactorily potential.

Camilla, Ga. W. W. TWITTY, M.D.

Manipulation in Reduction of Dislocation.

ED. MED. AND SURG. REPORTER:—

I have, within a few days, encountered in my practice two cases of dislocation, one a luxation of the femur at the hip joint, and the other a luxation of the humerus at the shoulder. My object in reporting the cases is on account of the employment of manipulative procedure adopted in both instances, and the facility of reduction attendant upon such procedure.

The case of femur dislocation happened in a man of about fifty years of age, and of herculean frame. The accident was caused by his being precipitated to the ground violently, from a wagon in which he was riding, the horse attached there-

to having taken fright. Two days intervened before I was summoned to see the patient. On visiting him, I found the thigh semiflexed upon the body, and in a fixed position. Examination of the limb convinced me that the injury I was invited to treat was a displacement of the femur; in other words, luxation of its head backward and upward upon the dorsum of the ilium. Before an attempt at righting the malposition, I proceeded to put the patient under the influence of an anæsthetic. Having accomplished this, I resorted to Ried's method of reduction, which resort was not only successful, but easily and speedily so, and I might add, *felicitously* successful beyond any expectation I had previously ever entertained in the matter of thigh reduction by any conceived or attempted method of procedure or practice.

The second case of accident occurred to a young man aged about twenty-five years, of average muscular development. It was sustained by a misstep, and consequent fall, in alighting from a railway car. The patient called upon me at my office, for consultation, soon after receipt of his injury. Having seated him in a chair, and upon examination satisfying myself of the existence of a luxation of the humerus in the axilla, I proceeded to reduce the same by the adoption of Prof. Henry H. Smith's plan, namely, by the elevation of the arm and rotation of the head of the humerus. I will observe that the same signally satisfactory result crowned my effort at reduction in the last as in the previously mentioned case.

For a description of Ried's method of reduction of femur dislocation the reader is referred to a communication, by Dr. Geo. Sutton, in the Reporter of January 22d, 1875. The article in question is additionally interesting on account of the suggestion of the fulcrum in aid of manipulative procedure. For description and illustration of Prof. Smith's method of humerus reduction, the writer refers the reader to the number of the Reporter bearing date of February 9th, 1861. J. H. Thompson, M.D.

Goshen, N. Y., Nov. 5th, 1879.

Public Health Legislation.

Ed. Med. and Surg. Reporter:—

In giving the "Story of Public Health Legislation," I accidentally omitted the following items, which I deem of sufficient importance in that connection to beg your publication of the same:—

A joint resolution of Congress, approved June 6th, 1872, directed the Secretary of War to detail one or more medical officers of the army to visit certain ports on the Southern and Gulf coasts, with reference to the establishment of a more uniform and effective system of quarantine," and "whether any system of quarantine is likely to be effective in preventing invasions of yellow fever, and if so, what system will least interfere with the interest of commerce at said ports."

Assistant Surgeon Harvey E. Brown was detailed to make the investigations called for, and accomplished the task with credit. His conclusions were, that the "germinal principle of the disease was imported from elsewhere;" that a "system of quarantine can be organized which will prove effective;" that such a system, "properly organized, will not interfere with the interests of commerce;" that the lack of uniformity in State and municipal quarantines renders them inefficient; and that the danger from the disease is measurably lessened in proportion as attention is paid to the local hygiene and sanitary condition of certain ports."

Two years later Senator Sargent introduced a bill (S. 424) to establish a "Bureau of Health," which was twice read, and referred to the Committee on Education and Labor, and ordered to be printed.

The object of this bill was for the Bureau of Health to acquire and diffuse among the people of the United States useful information on subjects connected with the preservation of the public health, and to assist, whenever called upon, the several States and Territories of the United States in the establishment of any efficient sanitary and quarantine systems and regulations.

Notes from Practice.

Ed. Med. and Surg. Reporter:—

The following notes may be useful to practitioners:—

1. A drop of glycerine allowed to fall into the hypodermic syringe will keep the piston moist for an indefinite time, and prevent the annoying delay which the physician is apt to experience when he wishes to use his hypodermic syringe after a few days' rest.

2. The tin bellows which is manufactured for the purpose of blowing the poison into the holes where roaches may be lurking, forms a more convenient, and surely safer, method of applying sulphur locally to the throat in diphtheria than a quill, as has been recommended.

3. Many physicians wish to preserve permanently the tracings made on the glass by the sphygmograph. The following method is, I believe, original:—

Make a strong solution of the ferrocyanide of potassium (the *red, not yellow*, prussiate of potash). Paint this solution over some sheets of writing paper, allow the paper to dry in the dark, and keep them secluded from the light. When it is required to make a copy of the tracings, cut a piece of the paper of an appropriate size, and having laid the glass upon it, face downward, expose it for some hours to the sunlight. Then remove the paper and wash it in clean water. The sphygmographic curve will be found permanently printed in blue. Daniel L. Kelly, M.D.

Washington, D. C.

A Nuisance.

It is a nuisance and an imposition on readers of periodicals, medical or general, to have advertising leaves sprinkled through the reading matter. A few years ago this was unknown in any respectable journal; but of late it has been introduced and is extending. We advise readers to protest in energetic terms to the editors against it.

News and Miscellany.

The Diphtheria in Russia.

A dispatch to the London *Times* says: Diphtheria, which for several years has made great ravages in Russia, seems now to be gaining more and more ground. The disease, says the *Novoe Vremya*, has attained such frightful proportions in some regions that the percentage of mortality far exceeds that of the births. In Odessa, since May last, diphtheria snatched away seventy-six per cent. of the children, and in Stavropol, in the course of four months, one-half of the infant population fell victims to the disease. More than eleven vast districts are afflicted with the disease. The mortality, both of the youthful and adult population, is so enormous that the government has appointed a special commission, under M. Karel, Physician in Ordinary to the Emperor, to inquire into the causes of the epidemic, and has issued strict injunctions to the local authorities about the measures to be adopted for the arrest and extinction of the disease.

Definition of Evolution.

The *Chemist and Druggist* observes that it was Herbert Spencer who made the following definition of evolution: "Evolution is a change from an indefinite, incoherent homogeneity to a definite, coherent heterogeneity, through continuous differentiations and integrations." And it was the mathematician Kirkman who translated the definition into plain English: "Evolution is a change from a nohowish, untalkabontable, all-alikeness, to a somehowish, and in-general-talk-aboutable, not-at-all-alikeness, by continuous somethingelseifications and stiektogetherations."

Personal.

—The Trustees of the Jefferson College, at the suggestion of the Faculty of the College, at a meeting on November 12th, elected Dr. Henry C. Chapman to fill the Chair of Physiology during the present session, made vacant by the death of Professor J. Aitken Meigs.

Items.

Correction.—In the clinic of Prof. Gross, last week, the word *sebaceous* occurs for *fibroid*, and *myxoma* for cystic growth.

—Dr. G. E. Rindfleisch has calculated the rapidity of the reparation of the blood after the menstrual loss, and finds it to be at the rate of 175 *millions* of red globules per minute!

—The wife of Li-hung Chang, of Shanghai, having fallen ill, and all the native doctors having pronounced her case hopeless, an English practitioner was called in, and cured her. As an expression of his satisfaction at this result, Li-hung Chang has established a hospital at Tientsin, under foreign guidance, which is being largely patronized by the higher class of Chinese.

—Dr. Spörer, of St. Petersburg, claims an important improvement on Nélaton's reversal method in chloroform asphyxia. Instead of merely holding the patient head down, he hangs him or her out of a window, head down, swinging the body to and fro like a pendulum, thus getting fresh air, etc. There is nothing like improving on the methods of the elders.

—The St. Louis *Clinical Record* says—

"The older medical schools of this city are crowded with students. 'Hard times' are evidently giving way. The prospect of more stringent requirements in the near future is evidently having its effect also in driving the more timid to school while diplomas can still be easily obtained."

—The New York *Nation* says: All health boards may be advised to take notice of the inquiry into the cause of the foul water universally complained of in the Red River region of Minnesota, as well as further south and west, as set forth in the seventh annual report of the State Geologist (Minneapolis). Alkaline waters and pine well-curbing are the two factors which have produced an endless amount of typhoid fever.

—A literary wit of scientific tendencies is rather hard upon Professor Tyndall, and thinks that the Dean of Westminster, when he married him, a short time since, missed his opportunity. He is of opinion that when the Dean put the familiar query in the marriage service, it should have run thus: Do you take this anthropoid to be your co-ordinate, to love with your nerve centres, to cherish with your whole cellular tissue, until a final molecular disturbance shall resolve its organism into its primitive atoms? The learned professor would probably have thought twice before answering, I will!

OBITUARY NOTICES.

Prof. James Aitken Meigs, M.D.

At a meeting of the Faculty of Jefferson Medical College held November 10th, the Dean announced the death of Dr. James Aitken Meigs, Professor of the Institutes of Medicine. Whereupon it was

Resolved, That the Faculty of Jefferson Medical College have learned with profound sorrow of the death of their friend and colleague, Dr. James Aitken Meigs, which occurred on the morning of the 9th inst.

The Faculty desire to express their keen sense of the great loss they have sustained. While bowing to the decree of an all-wise Providence they deeply mourn the removal—in the prime of life—of their beloved friend and associate.

Gifted with superior powers of mind, cultivated and matured by a life of study and research, and genial and kindly in his bearing, he won the admiration and confidence of all with whom he associated.

His clear and impressive manner in the lecture room secured the attention and sympathy of his pupils, and rendered him eminently successful as the expounder of an extensive and difficult branch of medical science.

At all times cordially in sympathy with his colleagues, and loyal to the interests of the school at large, the Faculty feel that while they have lost a judicious and helpful companion, the Jefferson Medical College, for whose success he labored so faithfully, has been deprived of both an ornament and pillar of strength.

Resolved, That realizing the unutterable sadness thus brought upon the venerable father of Dr. Meigs, the Faculty desire to convey to him their sincerest sympathy and confidence.

Resolved, That a copy of these resolutions be transmitted to the bereaved father, and that the Faculty will attend the funeral in a body.

ELLERSLIE WALLACE,
Dean of the Faculty.

JEFFERSON MEDICAL COLLEGE,
November 11th, 1879.

A special meeting of the Alumni Association was held this morning, at the College, at 11 o'clock, to take action in reference to the death of the late Professor J. Aitken Meigs. There was a large attendance of the members of the Alumni and the students of the College. The President, Prof. S. D. Gross, presided, with Dr. T. H. Andrews as Secretary.

Prof. Gross, in alluding to the death of Prof. Meigs, said—

"He was one whom we all loved, whom we all admired, and whose loss we all feel. It is fitting that we should take some action as a tribute of respect to his memory. His loss to the College and the American medical profession will be deeply felt. I knew him for many years, and I always found him a true man, amiable and considerate in all his affairs, able and learned as a professor, and highly instructive and considerate as a colleague."

Prof. Gross then presented a minute, which was adopted.

"The Alumni Association of the Jefferson Medical College of Philadelphia has heard with profound sorrow of the death of Prof. J. Aitken Meigs, which took place at his late residence, in this city, on Sunday, November 9th, in the fifty-first year of his age. By this event, so sudden and unexpected, the Association has lost a most valued member, the College a most able, eloquent, successful teacher, and the American medical profession one of its brightest ornaments. The Association, in making this record of its sorrow, tenders to the aged and afflicted father of Dr. Meigs its heartfelt sympathy, and orders that a copy of these proceedings be sent for publication to the daily papers and to the medical journals of this city. Drs. William B. Atkinson and Turnbull made brief remarks relative to Dr. Meigs. Dr. Turnbull offered the following tribute, which was ordered to be placed on the minutes."

"WHEREAS, We have learned, with heartfelt sorrow and deep regret, of the sudden and most unexpected death of our dear and much beloved associate, James Aitken Meigs, M.D.,

Resolved, That while it is our painful duty to bow submissively to the mysterious and all-wise dispensation of God, we most sincerely mourn and deplore the early death of Dr. Meigs, in the very prime of his years and in the midst of his philanthropic and scientific labors.

Resolved, That it is with both pride and pleasure that we can look back to his character as a physician, his admirable powers as a lecturer and experimenter, and above all, to the noble example he set the members of our profession in his life of temperance and chastity.

Resolved, We shall hold in bright remembrance his genial, loving and social qualities, his wisdom, true Christian nobility of soul, and tried professional integrity.

Resolved, That our earnest and warmest sympathy is here expressed and extended to his sorrowing and truly bereaved parent, whose last earthly prop and stay has been thus suddenly removed, and we devoutly pray that he may be sustained in his great trial by the tender care and helping hand of the Great Physician of souls, who is always ready to succor the sorrowing and heal the broken hearted."

On motion the Association adjourned.

Dr. John Jay Abernethy,

Medical Director, United States Navy, died in New York, October 28th. He was born in Connecticut, December, 1805, graduated at Yale College, 1825, and took his medical degree in New York city. In 1837 he entered the naval service of the United States as a surgeon, and rose, by regular promotion, to the position of Medical Director, from which he was retired about nine years ago. One of his first cruises was on the coast of Africa, and subsequently he was with the United States Squadron of the Mediterranean. His first perilous service was seen during the Florida war, and during the war with Mexico he was with the squadron that co-operated with Gen. Scott in his memorable campaign from Vera Cruz to the City of Mexico. During the rebellion, Dr. Abernethy was with the blockading squadron off the Carolina coast. He was at one time Surgeon of the North Carolina, at another in the recruiting service at New London. He was a man of wealth.

D. H. Spickler, M.D.

Died, in Ashton, Illinois, on Tuesday, October 28th of heart disease, D. H. Spickler, M.D., aged forty-nine years. He arose from his bed in the morning, in apparently good health, and went to his office, where he was found dead, about ten o'clock. Dr. Spickler was born in Middleburg, Franklin Co., Pa., March 18th 1830, and went west some time during the year 1853. He graduated in his profession at the Rush Medical College, in 1857, soon after which he entered into partnership with his cousin, Dr. G. W. Hewitt, of Franklin Grove. The partnership was eminently successful for a number of years, when the Doctor retired and engaged in the drug trade, which he conducted for a time, and then returned to practice in Ashton, Illinois.

QUERIES AND REPLIES.

Dr. J. N. B., of Pa., asks: "Can a rape be committed upon a female when under the influence of any anæsthetic, and conception take place, without her knowing it, or being at all conscious of the act?"

Ans.—Yes, it can.

Dr. J. S. L., of Ky.—Medical officers in the French army do not hold military rank.

Scrutiny.—It is not considered decorous for a physician to allow his name to be attached to a pharmaceutical preparation.

Wanderer.—We suppose Denver is quite as full of doctors as any other city; and conversely, that a good one runs as fair a chance there as elsewhere.

MARRIAGES.

DUNCAN—MIDDLEKAUFF.—On November 4th, 1879, at "Aborn House," Des Moines, Iowa, J. K. L. Duncan, M.D., and Miss Lillian J. Middlekauff, of Waukee, Iowa, Rev. J. C. Read officiating.

MILLIKEN—DOLLOFF.—In Dixmont, Ct., at the residence of the bride's father, Oct. 22d, by Rev. A. Battles, Dr. Charles J. Milliken, of Cherryfield, and Miss Lizzie M. Dolloff, of Dixmont.

RICHARDS—VAN LIEW.—At the First Presbyterian Church, Bloomfield, N. J., on Wednesday, October 29th, 1879, by the Rev. H. W. Ballantine, assisted by the Rev. Dr. Kennedy, Harry E. Richards, M.D., and Helen L. Van Liew, both of Bloomfield.

STONE—REED.—At the residence of the bride's mother, in Bristol Center, N. Y., October 22d, 1879, by Rev. G. S. Watson, J. Leslie Stone, M.D., of Alba Pa., and Miss Ellen Reed, of Bristol Center, N. Y.

DEATHS.

BROWNLEE. Dr. James J. Brownlee, who had been for several years an inmate of St. Luke's Home for the Aged, in Hudson, died there, recently, from pneumonia. The Doctor was seventy years of age. He was a native of Pennsylvania, but had been a practicing physician in New York for nearly thirty years.

CALDWELL.—Suddenly, of paralysis of the heart, at Grand Falls, New Brunswick, on the 3d instant, Dr. Charles E. Caldwell, in the 32d year of his age.

MUNGER.—In Waterville, N. Y., on Tuesday, 4th inst., L. A. Munger, M.D., aged 66 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1187.] PHILADELPHIA, NOVEMBER 29, 1879. [Vol. XLI.—No. 22.

Original Department.

Lecture.

HYPERTROPHIC ELONGATION OF THE SUPRA-VAGINAL PORTION OF THE NECK OF THE WOMB.

BY WM. GOODELL, M.D.,

Professsor of Clinical Gynæcology in the University of Pennsylvania.

Gentlemen:—I have an exceedingly interesting case to bring before you to-day, more interesting on account of the unusual size of the growth, and on account of the cause which produced it. Here is a woman who was married ten years ago. She and her husband soon began to have children, but finding that they were coming too rapidly, they used means for preventing conception. The method adopted was that of withdrawal, in which the male organ is removed at the crisis of the orgasm. The result was that the uterus and other sexual organs were left in a state of extreme congestion; and in consequence of the incomplete expulsion of the semen from the vasa differentia, there was a constant irritation of the male organ, which led to frequent coition, and thus the uterus was kept in a state of permanent congestion. The result is that we have a remarkable enlargement of the cervix, occupying principally the supra-vaginal portion. You see a large tumor projecting from the vulva, looking like the penis of a horse. I introduce the sound, and find that the uterus measures six inches. We also have a few points of ulceration, due, probably, to the trickling of the urine, or to friction against the clothing. Anteriorly there is no vagina at all, it is wholly prolapsed.

In regard to the cause of this hypertrophy, my attention has been called to the fact that it is often due to means adopted to prevent conception, by seeing a number of cases of late in which it had this origin. I have never seen but one case in which the hypertrophy was greater than in this; in that the womb measured a trifle less than seven inches. I can pass my index finger into the cervical canal, and evidently coition has of late taken place through the os.

This is a case of hypertrophic elongation of the supra-vaginal portion of the neck of the womb. What shall I do in this case? The woman does not suffer much, but the presence of this mass is, of course, a discomfort, and no woman likes to carry a tumor like this around with her. There are two things that should be done in such a case: one, to remove as large a portion of the cervix as possible, which will leave a large, raw surface, to heal by granulation, which will take some time to cicatrize; and if the operation is successful, we shall find, at the end of six months, or even a shorter time, owing to the retrogressive influences set up by the granulation of this surface, that the womb will be no larger than normal. The other thing to do is, to narrow the vulva to a certain extent, as the perineum has become weakened by the constant pressure of this hypertrophied cervix.

Now, in regard to the removal of this mass: if I should take the wire of an ecraseur, pass it around the tumor, and cut it off, I should then be very apt to remove a portion of the peritoneum forming Douglas' pouch, or a part of the bladder. We have no means of telling how far down Douglas' pouch extends, but we can define the limits of the bladder by passing in a sound, or the little finger. I have never yet wounded the

bladder, and I should feel very much ashamed of myself if I did.

I propose to remove this by the galvano-caustic instrument. I first dilate the urethra, by passing in a uterine dilator. It goes in perpendicularly, on account of the urethra being dragged downward; she has dysuria, for the same reason.

Women with this condition of things have been impregnated, but it is a rare occurrence, for the body of the uterus undergoes changes similar to those that take place in the cervix, which render it unsuitable for conception. I have often had women come to me after sterility had been brought on by the means used to prevent conception, to see if I could not get the womb again in a condition to bear children.

I now introduce my little finger carefully into the bladder, so as to be sure not to include a portion of it in the wire. There is one point I always feel a little nervous about, and that is Douglas' pouch, as I cannot tell how far down it extends. We shall now apply the loop of wire, and pass the current through it, heating it red hot. We cut the mass off slowly, in order to diminish the danger of hemorrhage. We now have removed the cervix; it looks like a potato that has been cut with a rusty knife. I have not injured either Douglas' pouch or the bladder. I could probably have removed a greater portion, but it was more prudent not to do so. There is a serious objection to the performance of this operation. It is that we may have cicatricial contraction and occlusion of the os; but this rarely occurs, because the os is usually so much larger than it should be.

I shall not perform the operation on the perineum to-day, for we may have secondary hemorrhage when the sloughs separate from this large surface, and it will be easier to stop the bleeding if the vulva is not contracted. I have performed both operations at the same time, but I do not think that it is a good plan.

The after treatment will be a mild, supporting one; quinine, if necessary, with milk and beef tea for two or three days. In the course of a couple of days we shall have a purulent discharge, which, probably, will be offensive. I will then use injections of a solution of permanganate of potassium. To-night her temperature will probably be a little high, 100° or 101°. If this continues, I shall use quinine in large doses, twenty or thirty grains during the twenty-four hours, giving ten-grain doses at a time. I think that ten grains of quinine given in one dose exerts a more marked effect upon the temperature than the same quantity given in divided doses. I give it until I have a decided effect—buzzing in the ears, etc.

I never had any trouble from peritonitis following this operation, except in one case. Several years ago I operated, and had a severe general peritonitis follow. I did not get into Douglas' pouch, but I must have come very near it. I am sorry to say that the patient died within forty-eight hours. The principal danger that I fear after the use of the hot wire is the secondary hemorrhage, and I am not certain but that it would be better to use the cold wire whenever practicable. A disadvantage of the cold wire is that it is more apt to draw in a fold of the bladder or of Douglas' pouch.

From the pressure of this mass there has been a loss of functional power in the perineum, which will probably require a second operation. It may be that the operation I have performed to-day will be enough.

Let us now see how much the womb has diminished in size. I apprehend that it does not measure more than four inches. I introduce the sound, and find that it does not measure four inches, only three and one-half. What is the reason for this diminution; for you see that I have removed not more than an inch and a quarter? I account for this in two ways: in the first place, the womb was, on account of its elasticity, stretched by the weight of this mass, and accordingly the elastic fibres of the uterus have themselves become shorter. In the second place, the heat of the wire has caused shrinkage, by irritation. In the course of six months this womb will not measure more than 2.5 inches.

Communications.

ON THE THERAPEUTIC USE OF DUBOISIA IN EYE DISEASES.

BY DR. M. LANDESBERG,
Of Philadelphia.

The alkaloid, duboisia, has lately been extracted by A. W. Gerrard and Petit, from duboisia myrapoides, an Australian corkwood tree, belonging to the order *Solanaceæ*, which grows especially in New South Wales, Queensland, New Caledonia, and New Guinea. The sulphate salt is of yellowish color, and soluble in water, in the proportion of 1 to 120. The physiological properties are identical with those of atropia. According to Ringer (*Lancet*, March 2d, 1878), duboisia causes dryness of the mucous membranes of the mouth and the throat, gives rise to headaches, reduces the secretion of the skin, and checks effi-

ciently the action of muscarin on the heart. Marmé has found that if dogs are so far poisoned with morphia that the heart's action has fallen to two or three beats in five seconds, and the respiration has become irregular, the injection of small doses of duboisia beneath the skin immediately strengthens and accelerates the heart, and quickly renders the breathing regular (*Medical Times and Gazette*, February 8th, 1879).

The mydriatic actions of duboisia are more powerful and more rapid than those of atropia. Complete mydriasis and paralysis of the muscle of accommodation follows the application of duboisia in a much shorter period than it was ever accomplished by atropia of equal strength of solution. Besides, duboisia has this advantage over atropia, that its protracted use does not irritate at all, or only very little, the conjunctiva of the eyeball, whereas atropia very often sets up irritation to such a degree that its application has in many instances to be desisted from. In such cases of irritation, or in cases where there existed intolerance of or idiosyncrasy to atropia, the attending physician was placed in a very embarrassing position. Could he not dispense with the further use of a mydriatic, he had to recur to the extracts of belladonna or hyoscyamus, either of which is of very little efficiency, or to daturin, a pure preparation of which is hardly to be found, and an impure preparation sets up severe symptoms of irritation. It is, therefore, of the highest importance to the oculistic therapeutics to have found in duboisia a remedy, the therapeutic value of which is not only far superior to atropia, but which may be used without any inconvenience in all cases of idiosyncrasy to atropia, and in those in which the application of the latter is contraindicated by existent symptoms of irritation of the conjunctiva. I commenced the use of duboisia in the spring of the year, induced by the following case:—

U. G., saloon keeper, thirty-five years old, came under my treatment May 8th, 1878, suffering from entropium, trichiasis, keratitis pannosa, and xerosis conjunctivæ of both eyes. He was given a solution of atropia, one grain to three drachms, of which he used in the beginning one drop every hour, afterward two drops daily. The applications were borne without the least trouble until the last days of December, when inflammation and swelling of the lids set in, accompanied by lachrymation and photophobia. The skin of the lids and of the surrounding parts became tense, dry and rough. Erysipelas developed, gradually invading the whole face up to the scalp. After complete recovery had set in, the patient was advised to renew the applications of atropia, which had been discontinued for about three weeks, during the whole course of the morbid process. Half an hour after the administration of one drop of atropia great irritation of the conjunctiva appeared, with swelling and inflammation of the lids, which symptoms subsided within two days, when the further applications of atropia were discontinued. Supposing I had to deal in this instance with an impure preparation of atropia,* I ordered a fresh solution to be made by a reliable druggist, of which I instilled myself one drop into each eye. The immediate effect was burning pain, great irritation of the conjunctiva, which was followed in the course of the day by swelling of the lids and dryness of the skin. These symptoms subsided within two days, to reappear as often as atropia was instilled. I was thus convinced that I had to deal with a case of idiosyncrasy to atropia.

The continuation of a mydriatic being indicated, I resolved to try the effect of duboisia, which had to be ordered, for this purpose, from Paris. During the interval of about two months no atropia was used; lids and surrounding parts remained in healthy condition.

In order to exclude any error whatever of observation, and to avoid even the influence of the imagination of the patient, I tried again the effect of atropia on the eyes, before resorting to the administration of duboisia. March 25th, I instilled one drop of a fresh solution of atropia into each eye, the patient being ignorant of the nature of the preparation. Two hours after the administration inflammation and swelling of the conjunctiva and the eyelids set in, combined with photophobia and considerable headache. Vision became dim; the face red and distended. Pupils remained contracted to the utmost.

March 26th, when the symptoms of irritation were unabated, I instilled into each eye one drop of a solution of duboisia, half a grain to three drachms, repeating the dose in intervals of fifteen minutes. Fifteen minutes after the first instillation there was slight dilatation of the pupils; fifteen minutes after the second instillation there was medium mydriasis, and fifteen minutes after the third instillation there was

* Many druggists of this city keep on hand a strong acidulated solution of atropia, of which they dispense the prescribed dose, the extemporaneous dispensation of a small dose being too troublesome to them. This procedure was revealed to me by a druggist, when I once asked him the cause of many patients complaining of smarting consequent upon the application of atropia.

complete mydriasis. All symptoms of irritation gradually subsided, and the use of duboisia was continued for months, without the least annoyance to the patient.

A second case of idiosyncrasy to atropia, in which duboisia was substituted most successfully, I observed in Miss R., fifteen years old, who suffered from myopia maxima progressiva, combined with slight conjunctival catarrh and blepharodenitis. She was given a solution of atropia, one grain to three drachms, to instill one drop into each eye three times a day. In the first three days atropia was very well borne, but from the fourth day violent irritation of the conjunctiva and the lids set in, followed by considerable swelling of the conjunctiva of the eyeball and eczema of the lower lids. These symptoms abated the moment atropia was discontinued, to reappear again as soon as the instillations were renewed. In spite of the existent condition of inflammation, I ordered a solution of duboisia, half a grain to three drachms, one drop of which to be instilled three times a day. The remedy had the best effect. All symptoms of irritation vanished. Pupils became dilated to the utmost, and mydriasis was maintained for about two months, without the least trouble to the patient.

Another case of intolerance and inefficiency of atropia, in which duboisia was used, with the best result, I had occasion to observe in Mrs. B., sixty-six years old, who had always enjoyed good vision until eight weeks ago, when, consequent upon a violent fit of coughing, a dark cloud appeared before her right eye, the sight of which gradually diminished, in spite of the treatment to which she had been submitted.

In order to make a thorough examination of the background of the eye, I instilled two drops of a solution of atropia, one grain to three drachms. There was no effect whatever after fifteen minutes, and only a slight one after ten drops of atropia had been instilled within half an hour. Patient was ordered a solution of atropia, half a grain to two drachms, one drop of which to instill every two hours.

When I saw the patient the following day the pupil was but very slightly dilated. The anterior ciliary veins were greatly distended. There was considerable episcleral injection, and tension was increased. On instilling two drops of a solution of duboisia, half a grain to three drachms, complete mydriasis set in within ten minutes. The pupil of the left normal eye was somewhat myotic and of very slow reaction. In order to test its reaction on atropia, I instilled, within a half an hour, about five drops of atropia. Pupil became only medium dilated; remained in this condition the following day, gradually and slowly reassuming its normal shape.

Eight days later I took the opportunity to test the reaction of the same pupil on duboisia. Previous to the instillation the pupil was contracted to the utmost. I instilled one drop of a solution of duboisia, half a grain to three drachms. The result was, after five minutes, no effect; after six minutes, beginning of dilatation; after ten minutes, pupil dilated above the medium; after fifteen minutes, pupil dilated almost ad maximum.

The beneficial action of duboisia was also proven in the following case of very violent irritation of the ciliary branches of the fifth pair:—

Mrs. B., thirty-five years old, who was under my treatment on account of myopia progressiva, was suffering for years from intermittent attacks of very violent half-sided trigeminal neuralgia of the face, which caused intense irritation of the respective eye. The symptoms were as follows: Intense subconjunctival and conjunctival injection, intense swelling of the lids, considerable chemosis of the conjunctiva of the eyeball, photophobia and lachrymation. The eyeball was tender to the touch. Vision was not impaired, and background of the eye normal. Paroxysm continued for several days, with unabated violence. Recovery was very slow.

While in the period of the free intervals, mydriasis, consequent upon atropinization, was complete and equal in both eyes, the condition changed the moment a paroxysm broke out. The pupil of the respective side of the face became contracted, and remained so during the whole duration of the neuralgia, in spite of the continued use of atropia. Sometimes the eye remained, even in the free intervals, irritated to such a degree that the pupil could not become dilated at all, or was only medium dilated, in spite of hourly instillations of atropia, whereas complete mydriasis of the other pupil was maintained by two drops a day.

In the course of such a left-sided attack, I resorted, March 27th, to duboisia, using, three times a day, one drop of a solution of half a grain to three drachms. On the following day the pupil was medium dilated. April 1st, there was complete mydriasis, which was maintained in spite of the violence of the paroxysm. The use of duboisia for the left eye was continued in the free intervals, and as it so happened that for the time the patient was under my observation the neuralgia always set in in the left side of the

face. I had ample opportunity to observe in this instance the further effect of the new remedy. In all subsequent paroxysms, mydriasis diminished somewhat, pupil becoming medium dilated; but in no attack mydriasis subsided entirely. Complete mydriasis set in as soon as the acme of the paroxysm was broken. The instillations of duboisia were very soothing to the patient.

The effect of duboisia in conjunctivitis follicularis, consequent upon the protracted use of atropia, was observed in the case of B. W., thirty-six years old, suffering from myopia maxima progressiva. In the course of the treatment with atropia, conjunctivitis follicularis developed, causing very unpleasant symptoms of irritation. The continuation of a mydriatic being indicated, I resorted to duboisia, in the usual solution of half a grain to three drachms, instilling into each eye one drop three times a day. Within two days the symptoms of irritation subsided, and in the course of two weeks conjunctivitis follicularis vanished. Duboisia was continued for more than six weeks, without causing any annoyance.

In no case did I observe the occurrence of conjunctivitis follicularis, or of any irritation of the conjunctiva, consequent upon the protracted use of duboisia. In all cases in which there already existed inflammation of the conjunctiva, the instillations of duboisia were borne without the least injury. Duboisia proved to be a remedy of never-failing action in all those cases of accommodative asthenopia, with spasm of accommodation, in which the protracted use of atropia did not succeed to bring about complete paralysis of the muscle of accommodation. The following cases may illustrate best the action of duboisia in these instances—

1. P. W., tailor's wife, forty-seven years old, of hysteric and nervous constitution, complains of headaches, of permanent pressure in forehead and temples, of great pain in eyes when looking at near objects, of nausea, and even vomiting, when reading or sewing for a few minutes. The affection had existed for about two years. No benefit had been derived from the different kinds of treatment to which she had been submitted. Refracting media are clear. Function of the muscles is normal. Background of the eyes shows venous hyperæmia. V. of each eye $\frac{20}{30}$. Every attempt at reading is followed by spasm of the lids. With concave $\frac{1}{20}$, Jaeger 3 is read fluently.

After a three weeks' use of atropia (one grain to three drachms), in the first day one drop every hour, afterward one drop three times a day, pupils are dilated below the medium, and action of the ciliary muscle is hardly weakened. There is H. R. $\frac{1}{30}$, H. L. $\frac{1}{24}$, V. $\frac{20}{30}$.

A solution of duboisia (one-half grain to three drachms) was prescribed, one drop of which to be used on the first day every hour, and then every two hours. After a three days' use of duboisia, pupils were dilated above the medium, and there was H. R. $\frac{1}{15}$, H. L. $\frac{1}{15}$, V. $\frac{20}{30}$. Three days later, there was complete mydriasis and complete paralysis of the muscle of accommodation. H. R. $\frac{1}{10}$, H. L. $\frac{1}{12}$, V. $\frac{20}{20}$; with + 5 Jaeger 1, at 5″.

On the eighth day after the discontinuance of duboisia, examination showed H. R. $\frac{1}{30}$, H. L. $\frac{1}{24}$, V. $\frac{30}{20}$; with + 17 Jaeger 1, from 7″–13″; Jaeger 3, from 6½″–18″. Pupils of normal condition. Complete recovery.

2. K., brewer's daughter, sixteen years old: is suffering for several months from asthenopic troubles, which prevent her from continuing her studies. Examination shows H. R. $\frac{1}{30}$–$\frac{1}{24}$, V. $\frac{15}{40}$; H. L. $\frac{1}{15}$, V. $\frac{15}{50}$; with + 6 R. E., Jaeger 1, with difficulty; L. E. Jaeger 3; slight strabism divergens of the left eye. A two weeks' treatment with atropia gave the following result: pupils dilated above the medium; H. R. $\frac{1}{15}$. H. L. $\frac{1}{10}$, V. $\frac{15}{40}$. Paresis of the muscle of accommodation. April 3d, I prescribed a solution of duboisia, half a grain to three drachms, one drop of which to be used every hour in the first day, and then every three hours. The result was, April 9th, pupils dilated ad maximum, H. R. $\frac{1}{9}$, H. L. $\frac{1}{12}$, V. $\frac{15}{30}$. April 13th, H. $\frac{1}{12}$, V. $\frac{15}{20}$ of each eye. Complete paralysis of the muscle of accommodation. After the effect of duboisia had subsided, examination, made April 24th, showed H. R. $\frac{1}{24}$, H. L. $\frac{1}{20}$, V. $\frac{15}{20}$. Slight insufficiency of the internal muscles, compensated at reading distance by a prism 2°, base inward, before each eye. With + 18, combined with a prism 2°, base inward, Jaeger 1, from 4½″–10″; Jaeger 3, from 3″–15″. The patient is using the above-stated glasses for about five months, and is able to continue her studies without any trouble whatever.

3. H., music teacher, forty years old, applied to me on account of amblyopia and strabism divergens of his right eye. He wears glasses + 18 to which prisms 5° base inward, were added in the last months by an optician.

Examination made April 7th showed H. L. $\frac{1}{40}$, V. $\frac{15}{15}$, Jaeger 1, from 6½″–15″; H. R. $\frac{1}{40}$, V. $\frac{15}{100}$. Convex $\frac{1}{10}$, combined with concave cylindric glasses $\frac{1}{20}$, H. M., brings V. to $\frac{15}{15}$, Jaeger 7, with + Jaeger 3. Very fine opacities of the

cornea. Strabism divergens of the right eye. An eight days' use of atropia for the right eye had the following result: H. $\frac{1}{30}$, V. $\frac{15}{70}$. Combination with concave cylindric glasses $\frac{1}{20}$, H. M., brings V. to $\frac{15}{15}$. Pupil medium dilated. A seven days' use of a solution of duboisia (one-third of a grain to three drachms), four drops a day, caused complete mydriasis and complete paralysis of the muscle of accommodation. Examination made April 18th showed H. R. $\frac{1}{15}$, V. $\frac{15}{40}$. Cylindric glasses do not improve vision. After the effect of duboisia had subsided, I made, April 28th, tenotomy of the external rectus of the right eye. Examination made March 9th, showed H. R., $\frac{1}{30}$, V. $\frac{15}{30}$, H. L. $\frac{1}{60}$, V. $\frac{15}{18}$: with + 30, R. E. Jaeger 1, from 5″–15″, L. E. Jaeger 1, from 4½″–22″. The patient was ordered glasses of convex $\frac{1}{30}$ for the right eye, and of convex $\frac{1}{60}$ for the left eye, for constant wearing, and glasses of convex $\frac{1}{30}$, combined with prism 1° base inward, for each eye, for reading. The patient is able to use his right eye as well for distant as near work.

4. N. J., carpenter's wife, forty-five years old, is complaining of headaches and pressure in forehead and temples when attempting to read or sew. She had used in a short time different numbers of glasses without getting any relief of her troubles. Examination, made July 14th, showed H. R. $\frac{1}{30}$–$\frac{1}{60}$, V. $\frac{15}{30}$, H. L. $\frac{1}{14}$–$\frac{1}{11}$, V. $\frac{15}{40}$; with + 6. R. E. Jaeger 1, L. E. Jaeger 2. Reaction of pupils very slow. The right pupil is larger than the left, and a normal one. Intraocular pressure and fundus oculi normal. On atropinization, using in the two first days one drop of a solution of one grain to three drachms every hour, then one drop four times a day, there was, July 30th, H. R. $\frac{1}{12}$, H. L. $\frac{1}{16}$, V. $\frac{15}{30}$. Pupils medium dilated. After a three days' use of a solution of duboisia, half a grain to three drachms, in the first day one drop every hour, then one drop four times a day, pupils became dilated ad maximum, and there was H. R. $\frac{1}{4}$, H. L. $\frac{1}{8}$–$\frac{1}{2}$, V. $\frac{15}{20}$. Paralysis of accommodation. The continued use of duboisia for further five days did not alter the above condition.

Examination made August 19th, when the pupils were normal, showed H. $\frac{1}{12}$ V. $\frac{20}{20}$, of each eye; with + 11 Jaeger 1, from 7″–15″. Jaeger 3, from 5″–30″. All asthenopic troubles have vanished. With the ordered glasses the patient is able to work for hours without the least inconvenience.

In several cases of myopia and hyperopia, combined with considerable spasm of accommodation, I applied from the beginning a solution of duboisia, and succeeded, in a very short period, in bringing about complete paralysis of accommodation, and obtaining the real condition of refraction.

In many cases of myopia and hyperopia, without spasm of accommodation, I used duboisia in order to ascertain at the first consultation the whole degree of refraction. Paralysis of the muscle of accommodation was more quickly obtained, and the normal condition much sooner restored than I ever observed it in atropinization.

The efficacy of duboisia in tearing posterior synechiæ was tested by me in two cases, without any success. In the first case I had to deal with a mechanic, thirty-one years old, who had lost his left eye, consequent upon a blow ten years ago. Enucleatio bulbi had been made ten days following the lesion. In the last year the patient began to suffer from inflammation of his right eye. Upon examining him, March 19th, I found slight subconjunctival injection, some posterior synechiæ, and small exudations on the capsule of the lens. On atropinization, the pupil dilated irregularly. Background of the eye showed in its peripheric parts some choroideal atrophies and pigment macerations. The alternate use of atropia and eserine did not produce the slightest effect. But no better results were obtained by the substitution of duboisia for atropia.

The second case was that of a clerk, whose right pupil showed two small posterior synechiæ, consequent upon a fresh iritis. Here also the alternate use of duboisia and eserine did not succeed in tearing the fresh, thin synechiæ. During the treatment of the syphilitic iritis atropia had been used.

General constitutional effects, consequent upon the use of duboisia, I only observed in two cases:—

1. R., merchant's son, nine years old, was ordered hourly instillations of duboisia. After the administration of four drops, slight symptoms of fever set in, increasing on further four drops. When instillations were stopped for one day, fever subsided, and the boy continued to use one drop of duboisia every three hours, without the least trouble.

2. F. C., merchant, thirty-five years old, felt dryness in his throat the first day of his using one drop of duboisia every hour, which spontaneously disappeared the following day, the dose not being diminished. The patient, suffer-

ing from chronic inflammation of his throat, had once been given atropia for his eyes, when such disagreeable symptoms of irritation of his throat set in that the remedy had to be discontinued.

With the view of determining the relative physiological action of duboisia and atropia on normal eyes, I have performed a series of experiments, as follows: I instilled at the same time into the one eye one drop of a solution of duboisia (half a grain to three drachms) and into the other eye one drop of a solution of atropia (one grain to three drachms), noting at intervals of five minutes the effects of either preparation on the pupil and the accommodation of each eye. These experiments, made in fifty cases, showed that the action of duboisia on the pupil and the muscle of accommodation is more powerful and quicker than the action of atropia. Further experiments have convinced me that the effects of duboisia on the pupil and the muscle of accommodation pass away much sooner than those of atropia.

1912 *Arch street.*

NARCOTINE AMAUROSIS, WITH FOUR CASES.

BY L. G. ALEXANDER, M.D.,
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There are many obscure diseases of the eye met with in general practice, especially among country and village doctors, where they have not the skilled assistance of their more favored city brethren, and are often in doubt, not finding in their text books analogous cases.

In the following four cases I give my own experience, as occurred in my general practice:—

The first case relates the disease as it existed in myself. It was not until I got my fifth case that I fully realized the cause of the trouble and was able to diagnose correctly why it existed, and the best means of treatment. I now quite often recognize cases of the kind in their incipiency, and by the experience gained can easily relieve them—more properly by removing the cause—with very little medicine; the *vis medicatrix naturæ* is sufficient to the desired end. The use of tobacco is so general that its bad effect can hardly be estimated; so much has been written, pro and con, that to discuss the subject is superfluous. The rapid increase of nervous people, nerve pain, neuralgia, and obscure nervous disease, is seen in practice every day by the physician, and so frequent as to attract the attention of the laity, and it is my belief that the common use of tobacco, as well as alcohol and opium, is the most prominent cause of so many nervous troubles. From observation, I have found that the children of parents addicted to the use of tobacco are more likely to have nervous diseases than others born of parents who do not use it; and if both parents use it, we are almost certain to find the offspring of a nervous temperament, and especially liable to nerve derangement. It is from this class that the drunkards are mostly recruited, growing up with a weak nerve development. Any physical or mental exertion brings on the disease now so common, neurasthenia.

Case 1.—L. G. A., aged 26 years, practicing physician, addicted to the habit of smoking from five to ten cigars a day. February, 1872. On getting up, the morning being very clear, I noticed that there was a slight haze before my right eye. I paid no attention to it. In a few days the visual field was perceptibly narrowing; in the upper right corner of the field the haziness was more decided, the appearance being as if a dense group of cobwebs was immediately over that part of my eye. The condition became more and more distinct. Becoming uneasy, I consulted, by letter, Prof. Gross, who advised me to lose no time, to go to some specialist, which I did. On an ophthalmoscopic examination, he said nothing abnormal could be distinguished, except venous hyperæmia of the retina. He thought the cause to be quinine. I had been taking some for an occasional obstinate tertian intermittent. I never had any venereal disease, nor used alcohol. I was put on a general tonic treatment, and rested from practice. I then consulted another, a German specialist, of well known reputation. He diagnosed malaria as the cause; recommended antiperiodics. My general health was very good, except deficient secretion from the kidneys. For two months this treatment was followed. My sight rapidly grew worse. The enlarged veins, or congestion of the retina, could be distinctly seen by myself (the cornea and sclerotica, in this and all my cases, have been perfectly clear). There was an appearance as if there was water on the retina, or floating strings in the vitreous. On the morning of the 7th of May, when I arose, there was a large extravasation of blood in the retina, evidently from rupture of some of the engorged veins, covering one-sixth of the visual field; in a few days the clot began to break up into small fragments, and was absorbed. This was repeated several times during the ensuing six weeks, and the left eye began to be affected. I then consulted Prof. E. Williams, of Cincinnati. He diagnosed the case as neuroretinitis, giving me no hope. At this time I

could not read No. xxx of Jaeger or Snellen. The ophthalmoscope showed tortuous vessels; the retina generally hazy, from the excessive hyperæmia. He prescribed mercury and iodide potassa, with the hope, as he said, that it might do some good, with leeches to the temple twice a week; to stop smoking and using quinine, and to come back at the end of four months. These directions were followed out. At the end of six weeks, I, for the first time, saw some improvement in my right eye; the left had decidedly improved. As I began to get my vision, there was a peculiarity which I have found in all my cases; a distant object could be distinguished, if it was black; in my case, I could see a tall, burnt, charred, limbless tree at the distance of a quarter of a mile, when I could not see a large white house at any distance, though in the range of the tree; but if the doors were open, I could readily distinguish the dark places well enough to know and speak of it to those whom I was with. This peculiarity has existed in all of my bad cases. When the disease is developed, if the patient is out in the night, there is a constant appearance as of a branch of a tree, or as if one was running against some object, as a tree or animal. This is a constant recurring delusion, which was, in my case, very annoying. Also a peculiar hyperæsthetic condition of the retina; to look at an object and shut the eye, the impression would be retained for an indefinite period. Flashes of light were constant, and showers of muscæ volantes. A touch on the face anywhere would produce the circular flashes. At the end of three months I had decidedly improved, could see large type, and distinguish objects. From this time on improvement was rapid. At the end of four and a half months I again consulted Dr. W.; could then read No. 1 of Jaeger slowly. He then told me that his opinion when he first saw me was that my disease was tumor of the brain, but that he now was not able to say what had been the cause of the disease of the retina. Ophthalmoscopic examination showed that the retina was nearly normal. At this writing, October, 1879, I have excellent vision, can read the smallest type easily and rapidly. In the right eye there are some enlarged veins, that appear like strings, and one circular spot, where the large extravasation of blood was. The left eye, in the upper and outer field of vision, has a plexus of enlarged vessels, like a bunch of grapes. These are the only remains of the serious trouble which I experienced (at no time was there any cephalalgia or pain). For two years after my eyes were very weak. I wore dark blue eye protectors for two years; now the strongest sunlight does not hurt me.

Case 2.—T. G., farmer, twenty-three years old; good habits; never had venereal; excellent health; an excessive user of tobacco; consulted me at the time I was under treatment myself. He had been treated by several physicians. Disease commenced in the right eye, followed in two months by the left one becoming affected. Trouble began six months before; pupil dilated; responded feebly to light; had to be led; could not distinguish objects, except a dark one, as, for instance, an open door in a barn. I recommended him to consult Dr. N. He was not able to do so. This case resulted in complete blindness. (The right eye first became affected; no pain; cornea and conjunctiva clear.) No ophthalmoscopic examination made.

Case 3.—L. U., farmer, aged forty-two years; general health good; free from all constitutional disease; never had venereal; complains of gradually diminishing vision in right eye; misty and clouded; flashes of light, muscæ volantes; at night appears as if a limb of a tree was across his path, or he was running against some object. The field gradually narrowing; cannot distinguish large type. Sent him to Dr. W. for ophthalmoscopic examination. There was excessive hyperæmia of retina, of venous kind; appears as if there were crystals in the vitreous, or attached to the inner or vitreous side of the retina. Dr. W. prescribed alteratives, mercury and iodide of potassa, leeches to the temple. The treatment was followed out, but no amendment of disease. Soon the left eye began to be affected. I then forbade him smoking, gave iodide of potassa, strychnia and leeches to the temple, when the left eye rapidly cleared up, but the right one was lost. At this time, six years after, his vision is excellent in the left eye. (Disease first in right eye; free from pain; eye clear; pupil responded to light.)

Case 4.—Aged thirty-six years, mechanic; user of tobacco; cloudy or hazy before right eye; forbade the use of tobacco; gave strychnia, iodide of potassa, alternate with bromide of potassa. Result of case: good vision (he had all the symptoms of the three preceding cases, in a milder form, though he never complained of the left eye). It was while treating this case that I, for the first time, began to suspect that it was tobacco that produced the disease. I searched all the text books I had, but could not find any cases of the kind. I accidentally found a translation from the French of Grilliot that explained these cases. Since which I have no trouble in diagnosing and

successfully arresting these cases, which are more frequent than one would suppose; and if the use of tobacco is forbidden, with strychnia, potassa and alteratives, we can arrest the disease. Grilliot says: "Tobacco amaurosis always commences in one eye, and that at first it is never bilateral." Hutchinson is of the same opinion. Grilliot states that the right eye is always the first to become diseased. (This has been my experience.) Apostol and Hutchinson say either may first show disease. In tobacco amaurosis the patient at first sees through a mist or a cloud, which gradually narrows the field of vision, becoming more dense as it progresses; at the same time, with the most of these exists a central scotoma. This is admitted by Apostol and Wecker, but not by Follin. Wecker says there is a diminution of the central acuteness, while the peripheral sensibility remains normal. Follin says we have cephalalgia, which I have never seen to occur. Wecker tells us that the patient sees yellow. I have never known this to exist, unless the circular flashes could be called such, they, in my own person, being of a dull flame color.

Most authors write of confusion of colors (I never found this state to exist): that the patients see better at night, and that the pupils are contracted (I have found the pupils generally normal at first; as the disease increases slight dilatation ensues). Hutchinson says that if the disease progresses with sufficient rapidity, as in Case 2, atrophy of the papilla ensues, but that generally the cases are amenable to treatment; that very soon vision may be promised the patient. Differential points in the diagnosis of this and alcoholic amaurosis are, narcotine begins first in one eye, alcohol in both, though the central scotoma exists in each condition. Muscæ volantes is only found in tobacco amaurosis; in alcohol amaurosis we have confusion of colors, but never in tobacco. Though both diseases may terminate in atrophy of the papilla, the tobacco can be much more rapid in its progress. Alcoholic cases see better at night; narcotine do not. If we take the points into consideration, a clear diagnosis is easily made, and with careful treatment and abstinence from the provoking cause vision is restored. A relapse of all the symptoms is readily induced if the patient goes back to his old habit of using tobacco. The best treatment of the cases is strychnia, with iodide of potassa, bromide, tonics, general hygiene, in some cases leeches, and mercury, the best preparation being corrosive sublimate. Eye protectors should be worn, of dark blue or smoked glass, for months.

A CASE OF TWINS IN A PRIMIPARA; SPONTANEOUS VERSION, ASPHYXIA AND POST-PARTUM HEMORRHAGE.

BY DAVID CERNA, M.D., PH.D.,
Of Philadelphia.

On the 27th of October, at 2.30 A. M., I was hurriedly called to attend Mrs. C., who was in her first labor. On arriving at the house, I found that a living child had just been expelled. On questioning the woman who was in attendance before me pretty closely, I learned that the child had been born without the slightest difficulty, having come into the world in "the natural way," *i.e.* by the head. The pulsations of the cord having stopped, the latter was tied and cut, the placental end being left untouched. There was no hemorrhage of any account. Without suspecting any further trouble, I proceeded to deliver the placenta by Crede's method, but before I applied my hands to the abdomen, to make pressure, I found that it remained unusually large. The pains had completely disappeared.

On making a digital examination, I felt a structure resembling a foot. My suspicions were then aroused as to the existence of a second child in the womb, which were strengthened by further examination. On applying my ear to the abdomen, I detected fœtal heart sounds, very high up, and also a perfect placental bruit. I diagnosed breech presentation, which was proven by a still further and more careful vaginal examination, when I found both feet presenting.

For fully half an hour I waited, but vainly, for the occurrence of the pains. I then gave the lady, by the mouth, a teaspoonful of Gibb's fluid extract of ergot (an excellent preparation). In fifteen minutes after the ingestion of the dose a good pain occurred, followed by others at intervals of ten minutes or so. At 4.20 the bag of waters was ruptured, during a pain. For fifteen minutes after the rupture of the membranes no pains occurred. The index finger of my left hand was then introduced into the vagina, while I made slight friction, with my right hand, over the abdomen. As the result of this, a good and long pain occurred. The uterus contracted most vigorously. Suddenly the woman, almost exhausted, uttered a painful cry; the presenting feet disappeared, as it were, from the touch of my finger, and in a few moments later I discovered *the head of the child presenting, in the first position of the vertex.* The exterior contractions then ceased, but the lady was told to strain as hard as she could, by which method the head was soon afterward delivered. A pain came, and that sufficed to expel the rest of the body. The

child, however, was born in a state of complete asphyxia. Without a second thought, I proceeded to apply artificial respiration. Warm and cold water douches, alternately, to the chest, were employed for a few moments only, inducing by this means a few gasps. Silvester's method was then resorted to, by which, fortunately, I was enabled to bring the child to life. When the rhythmical respiratory movements were established, the cord was tied and cut, and my attentions were then directed to the mother.

Firm pressure with both hands on the fundus of the uterus was sufficient to deliver the placenta, by which also all clots were removed. The bandage was then applied. The placenta, which was a double one, was healthy in every respect, there being two amnionic sacs and two umbilical cords.

I was about to leave the house, thinking all my troubles had ceased for the time being, when the lady told me that she thought she was flowing. On ocular inspection, I saw that she was right. At first the hemorrhage was slight, but as the flow increased I became alarmed. I instantly called for vinegar, which I injected freely into the cavity of the uterus, by means of a syringe. After a few minutes the flow was completely stopped, and no more hemorrhage occurred subsequently.

Eventually the mother and the two children, both females, did well, and continue yet (Nov. 11th) in good health.

Remarks.—As is seen, I think this case presents some interesting features. In the first place, the spontaneous version, which, although it is apt to take place, is, nevertheless, of unusual occurrence. In examining the literature of the subject, I find that few, very few, cases are recorded in which a complete spontaneous version occurred when either the breech or the head was presenting. With regard to the precise mechanism of spontaneous version, nothing is definitely known. No one, as far as I have been able to find out, has given an accurate explanation of this curious phenomenon. Cazeaux thought it is produced by partial or irregular contraction of the womb, one side of it contracting more powerfully than the other, or the latter being apt to remain entirely inert. In my case, certainly, the uterine contractions were irregular, I having to resort to the use of ergot and manual pressure to induce them and endeavor to increase their strength. I also observed that while the right side of the uterus was active, when the contractions were present, the left was almost powerless. A very interesting case is reported by Geneuil (Ann. de Gynécologie, Vol. v, 1876), quoted by Playfair, ("System of Midwifery," page 314, 1878), in which Geneuil was present during spontaneous version, in the course of which the breech was substituted for the left shoulder more than four hours after the rupture of the membranes. Here the uterus was so firmly contracted that the phenomenon of version was impossible. He observed that the side of the womb opposite the head of the child was contracting energetically, while the other side remained flaccid; but eventually the case terminated without assistance, the presenting part being the breech. In the present instance a pelvic presentation, that of the feet, was substituted by the first position of the vertex, the phenomenon taking place about half an hour after the rupture of the membranes, the birth ending without any great assistance.

With regard to the treatment of the asphyxiated child, I chiefly relied on Silvester's method of artificial respiration, although the application, for a few moments, of alternate douches of warm and cold water were employed to induce reflex respiratory movements. This measure, which, I have no doubt, is in many cases of paramount importance, is not, nevertheless, entirely divested of its dangers. I think that the application of heat and cold to the chest, if long continued, may subsequently produce inflammation of the lungs, or of their investing membrane. We cannot be too careful in the employment of these two agents, even when they are imperatively demanded.

The post-partum hemorrhage was successfully stopped by the local use of vinegar. This agent, so greatly recommended by Prof. Penrose, of the University of Pennsylvania, is destitute of *all* danger. According to this skilled and experienced obstetrician, it is the remedy *par excellence* in post-partum hemorrhage, easily obtained anywhere, while it costs comparatively nothing. Country practitioners, especially, should think of this. The vinegar can be applied by means of a syringe, as in my case, or, as Dr. Penrose recommends, by dipping a rag into a solution of the remedy, which is then taken into the cavity of the uterus and wrung there. In either case the intra-uterine application is followed by a complete stoppage of the sanguineous flow. Dr. Penrose says that since he has been using this excellent agent he has never met with a single case of post-partum hemorrhage, from whatever cause, in which it has failed to produce the desired effects. He says it is convenient, efficient, safe, cleanly and antiseptic. (See his

paper on the subject, and the discussion, in the *Transactions* of the American Gynæcological Society, for 1878.) In my case I have no doubt it prevented a fatal issue.

Medical Societies.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

Dr. Jas. Collins introduced the subject of

Abscess in the Region of the Rectum.

In the course of his remarks, he reported three cases presenting the peculiarity of having a large mass of exudation surrounding the fistulous tracts. In two of the cases this mass had been diagnosed by good surgeons as scirrhus. In each of the cases he removed the mass entire, exposing the muscular fibre of the glutei and sphincter muscles with the periosteum of the coccyx. The sphincter was not divided.

The wound healed kindly, and there has been no return of the trouble. The masses, after removal, were examined with the microscope, and pronounced not cancerous, simply exudation.

Dr. Hall called attention to two points in the remarks of Dr. Collins, viz.: Anal fistula has its origin in an abscess exterior to the bowel; and the treatment without division of the sphincter muscle. He believed both these to be contrary to the teachings of many authors, and asked the opinion of the members upon these points.

Dr. H. Ribl said he was always surprised at the large amount of pus that formed in this region without much distress. He related a case in which the fistula was apparently the result of the use of a catheter. The patient had been using the catheter upon himself for a long time, when he saw pus could be forced out through the urethra by pressing in the rectal fossa.

Dr. W. M. Welsh related a case of fistula associated with phthisis, in which tenesmus was the only symptom for several days; then there was slight pain in the region of the anus. Upon opening the abscess, there was a very large discharge of pus, mixed with fecal matter. A very large slough separated, and a little later the whole region became gangrenous. The patient was confined to bed before the commencement of this abscess, and died from the disease in the lung not long after. He did not see any treatment possible in such a case, beyond palliation.

Dr. N. Hatfield had seen many cases of ischiorectal abscess, most of them resulting in a complete fistula. Those with a syphilitic history had an infiltrated mass, like those described by Dr. Collins. He thought the question of operation for anal fistula, when the patient has phthisis, an important one, and asked the opinion of those present. He did not believe in the derivative action of the discharge from the fistula, as given by some of the older surgeons; therefore, he operated upon all cases when he saw them early. After cavities had formed in the lungs, he thought treatment, beyond palliation, to be useless. His method of operating depended upon the internal opening; when that was low down, he cut the sphincter; when high up, he enlarged the external opening and packed the wound.

Dr. Collins replied that his first case had a history of syphilis, and was given thirty grains potassium iodide three times daily. In the other cases he elicited no such history, and, therefore, treated them with simple tonics.

Dr. E. E. Montgomery believed that these abscesses originate in the cellular tissue, and burst into the gut. He had seen one case which had undoubtedly begun in a false passage made by the urethral catheter. In treatment he believed that stretching the sphincter had the same effect as dividing it.

Dr. W. S. Janney. From the account Dr. Collins has given of his cases, he had no doubt that they were syphilitic; all that he had seen with such infiltration had been so. He believed that fistulæ begin in an abscess outside the gut, and burst both ways. He endorsed the treatment of Dr. Collins. Several years ago he operated upon six or eight cases of fistula in phthisical subjects, with an unfavorable result in every case. There is a popular idea that the discharge from the fistula relieves the lung, which agrees with the report his patients made of themselves. The abscess itself is often of a tuberculous nature. Not long ago he removed a tumor from the neck of a young girl, which, after removal, was pronounced to be tubercular. There was no history of phthisis, nor any lung trouble at the time. Six months later she died of lung disease, which the family associated with the operation.

Dr. E. R. Stone had treated one case having a scirrhus mass in the rectum, with seven fistulous openings near the anus. He simply dilated the stricture in the rectum and the fistulæ all closed. He had seen one case treated with the elastic ligature; he thought the suffering was, at least, a hundred times that caused by the knife.

Dr. C. Wittig said the disease, like piles, depended upon a want of aeration of the blood in the lungs, and a checking of the circulation through the liver. The treatment should be directed to the restoration of the proper function in these organs.

Dr. Collins was strongly in favor of operating in all cases, because of the danger of septicæmia. He believed that in phthisical patients death was more frequently the result of the absorption of septic material from abscesses than from exhaustion.

The Southeast Missouri Medical Society

Met at Cape Girardeau, November 4th, Dr. A. E. Simpson, President, in the chair. There was a full attendance, and a number of papers were presented. A resolution was passed endorsing those colleges which have made a three-year course requisite to graduation, and the following was also—

Resolved, That no member of this Association should receive any student unless said student first pledges himself not to enter any medical college in the United States except those requiring a preliminary examination and a three-year course of graded instruction.

Editorial Department.

Periscope.

The Value of Calomel in the Zymotic Diseases of Infancy.

Dr. E. M. Boddy expresses his views as follows, in the *Medical Press and Circular*, October 8th:—

I shall make a few remarks on the advisability of administering calomel in diseases which are specially *peculiar* to infancy, such as scarlet fever, measles, and others of a zymotic type.

In all the zymotic or exanthematous fevers, there is the accompanying eruption or rash, as it is usually called, which, when it has thoroughly exhausted itself, or in other words, when it has finally disappeared, and the desquamation of the cuticle has commenced, then is the time to direct our attention to the alimentary canal, for we shall invariably find after, as well as during the attack, that the alvine excreta are in a most filthy and unhealthy condition, in fact, almost approaching a poisonous character, and, as some believe, contain an element highly infectious to the last degree, and especially when the patient is suffering from typhoid fever. Regarding these infectious, or non-infectious characteristics, I have nothing to do; but, parenthetically, I may say, they develop gases, exceedingly offensive and injurious if inadvertently inhaled; they must, therefore, be extremely detrimental to the recovery of the sufferer, for if they are poisonous when ejected or exposed to atmospheric influences, what must they be when allowed to remain in the intestines, pent up in a confined space, with the mucous membrane absorbing the impurities resulting from the effects of the fever, besides the impure liquid portion of the fæces; what must be the result, I say—a protracted recovery, or a certain death?

Therefore, it behooves us, immediately on the disappearance of the rash, to administer purgatives till we have eliminated the fever poison which has been germinating and stagnating in the fecal contents of the intestinal canal, and the only purgative which is at all capable of thoroughly cleansing out the intestines is calomel; for, owing to its dual properties, it not only purges the patient, but by virtue of its chologogic action, it cleanses out the human cesspool, viz.: the liver, which, in all fevers, is a reservoir for everything impure and unhealthy.

If we do not pursue this course, the inevitable result is diarrhœa, which, instead of being regarded as a good omen, as indicating that nature requires assistance, and that she is trying to accommodate herself to the force of circumstances, we go diametrically opposite to her, and regard the efforts of nature as significant of approaching evil; and so we resort *instanter* to astringents, and if that is not sufficient (and it very seldom is), we inject up the rectum certain astringent compounds, which is as unscientific as the insertion of a cork would be; we know, or can guess the result—the child dies, presumably from the fever, though I cannot help thinking that the child succumbs to the deleterious action of the astringents.

Pharmaceutical Use of Gelatine.

Gelatine, according to the editor of the *Pharmaceutical Journal*, is not suitable as a vehicle for tannin in pessaries or suppositories. A decomposition occurs, with the formation of tannate of gelatine, and the otherwise gelatinous vehicle breaks down in the preparation. In those instances where medical men require a gelatine vehicle, it would be better that they left the most suitable relative proportions of the ingredients for that vehicle to the dispenser. It is usual to keep a gelatine medium ready prepared, in proper proportions; and on liquefying this for the addition of the medicament, the pessaries are moulded in the usual manner. The usual vehicles for pessaries and suppositories are cacao butter, or some such substance, as a basis, on the one hand, and gelatine on the other; and it will be better for the prescriber to specify one or other of these, leaving the relative proportions to the dispenser, the writer of the prescription proportioning only the medicament. Very rarely do medical men give suitable proportions for the vehicle desired. The same may be said of pill masses. A dispenser is often at his wits' end in too literally interpreting the excipient and its quantity ordered in a prescription. The ingredients being written, those minor details—in fact, the mode of combining those ingredients so as to form a pill mass—may well be left to the practical experience of the dispenser.

Ipecac. in Dysentery.

Of this treatment Dr. A. A. Woodhull says, in the *Western Lancet*, October—

There are a few conditions to be observed, and then the practice is simple, and in nine cases out of ten successful. In my own moderate experience I have never known it to fail. The conditions are: 1. A pure drug. There is much adulterated ipecacuanha in the market, where harsh and irritant emetics are mixed with or substituted for the true root. The best security for the character of the powder is the character of the druggist. 2. Administer it on an empty stomach, either first giving an intentional emetic, or let the patient fast at least four hours. Fasting is not always successful, for a weakened stomach will often contain undigested substances for a longer period, and then the first dose will act emetically. 3. Give simultaneously, or a few minutes before, from ten to fifteen minims of laudanum, or a proportional quantity of paregoric, and a few minutes afterward apply a mild sinapism or a coating of tincture of iodine to the epigastrium. 4. Give the medicine in pill form, or, better, in the least possible amount of water, with a few drops of some aromatic, to disguise the taste. With care twenty grains may be suspended in two fluid-drachms of water. 5. Insist

upon recumbent rest and abstinence from all food or drink for four or six hours. The first dose may be rejected, in which case repeat as soon as the stomach is quiet. From fifteen to forty or more grains may be given at a dose, but twenty or twenty-five is the proper size in a moderately severe case. It may be repeated in four, six or eight hours, according to circumstances. It is the exception not to have decided relief after the second dose, and the more ill the patient is the better is the medicine, especially in very large doses, tolerated. The name of the drug should not be made known, in order to avoid the moral effect following the popular notion that ipecac is necessarily emetic. It will be observed that this treatment is essentially non-emetic, although should vomiting occur once or twice no harm would be done. For my own part I look upon dysentery as more surely and more promptly checked by ipecacuanha than are the malarial fevers by quinine. Scorbutic dysentery alone may be an exception.

Acute Poisoning from Ergot.

This drug is given so freely that much interest attaches to the following case, reported in the London *Medical Times and Gazette*, from St. Mary's Hospital, London:—

Mrs. W., aged forty-eight years, a stout, healthy looking woman, was admitted on October 21st, 1878. She had been married twice, first at the age of seventeen, afterward at the age of forty. She had two children by the first marriage, but none subsequently, and her last pregnancy was twenty years ago.

Eight years before admission here she was under the treatment of Dr. Meadows, at Soho Hospital, for fibroid tumor of the uterus. During that time she took ergot twice. The first time it affected her severely; but on the second administration it failed to act on the uterus at all. She was in Soho Hospital at that time for three months, and left cured. In March, 1878, she came to St. Mary's, suffering from menorrhagia, and was examined by Dr. Meadows, who detected a growth in the uterus. She was subsequently admitted in October; and on the 23d of that month, patient being under the influence of chloroform, a fibro-cystic polypus was removed from the anterior wall of the uterus.

On October 31st, pulv. ergotæ, ℥ss, was ordered, with the view of bringing down any shreds of growth which might remain. The effects of this drug were very marked, as in ten minutes powerful uterine contractions were set up, and continued for two hours, when, on vaginal examination, a large tumor, of the size of an orange, was found presenting. In addition to the very strong uterine action, there was marked depression, and she complained of severe nausea and headache. The face was deeply flushed, and the eyelids were swollen, the right one especially. The left arm and hand were greatly increased in size—so much so, that a ring she wore on her finger was completely hidden. The pulse, usually rather weak, was scarcely perceptible at the wrist, the artery being quite soft. The rate of the heart's action was not much influenced, but was slightly hurried. The swelling of the arm and hand did not disappear until the next day, when she was in all respects well. Dr. Meadows removed the tumor (which was attached to the fundus by a narrow pedicle) by means of the écraseur.

November 7th. Ergot was given again, as it was found that another tumor was present. As one dose did not act at first, it was repeated in six hours, and the symptoms already noted appeared again, but in an exaggerated form. The pain was so intense that she was ordered a hypodermic injection of one-fourth of a grain of morphia, with the result of easing pain and checking uterine action. The tumor presented, but as operation was not then convenient it was not removed, and gradually receded.

On November 24th ergot was again given; but three half-drachm doses, administered at intervals of six hours, produced no effect beyond the swelling of the face and arms, depression and nausea. Patient was then unsuccessfully galvanized, with the view of stimulating the uterus to contract and expel the growth.

Experiments with Diuretics.

Dr. Maurel, a naval surgeon, communicated a paper to the Société de Thérapeutique (*Jour. de Thérap.*, September 10), giving an account of a number of careful experiments which he had performed upon healthy individuals, in order to ascertain and compare the effects of various reputed diuretics. His general conclusion is that the practitioner can rely only on three of the diuretics among those which have been under investigation, viz., chlorate of potash, salicylate of soda, and digitalis, the first two even of these having but a feeble activity. The other medicinal substances reputed as diuretics—nitrate and acetate of potash, iodide of potassium, squill, and colchicum—are either devoid of action or produce effects of no importance. The reporter, commenting upon this conclusion, observes that he cannot agree with it, having no doubt that nitrate and acetate of potash and squill are energetic diuretics, from what he has observed when they have been employed in suitable cases. The indication for their employment is the point of importance. If, in place of experimenting upon healthy men, Dr. Maurel had given some of these diuretics, which he accuses of inertia, to subjects infiltrated with serosity, and having abundant collections of water (collections whence the circulation might largely draw to produce abundant diuresis), he would have been less positive in his conclusions, and would have admitted that these substances are excellent diuretics in certain cases of dropsy, when there are no hyperæmic or inflammatory lesions of the kidneys. The reporter terminates with a remark which is often lost sight of by those who are content to draw their conclusions solely from experiments on healthy men and animals. If, he observes, the study of medicinal agents, etc., on healthy men has its great value, it does not suffice for the establishment of a complete measure of their therapeutical power. It is still essentially necessary that clinical observation should intervene in order to obtain a complete history of these substances.

Alkalies and Acids in Treatment of Rheumatism.

Dr. F. M. Garlic writes, to the *Michigan Medical News*—

The clinical history of rheumatism is not completely known, and as yet we have no true criterion by which to determine the therapeutic effects of medicine upon this disease. Our treatment is based upon individual experience, and often in seeking new remedies we overlook that which is really meritorious. I have used salicylic acid and salicylate of soda in the treatment of rheumatic fever, but failed to get as good results as with bicarbonate of soda and potassa, which I esteem highly as therapeutic agents in the treatment of this disease.

The combination of these agents with a solution of citric acid or lemon juice, makes a very agreeable effervescent drink. I have treated several cases of acute rheumatism with these remedies, and always with good results. The following case will best illustrate my general plan of treatment: Mrs. E. A., aged twenty-seven years; first visit March 11th, 1877; pulse 100, temperature 103½, tongue very much coated, urine scanty, bowels constipated, wrist, shoulder and ankle of left side swollen, red, sensitive to touch or motion, and very painful. I prescribed as follows:—

R. Bicarbonate of potassa, ℥j
Bicarbonate of soda, ℥vj. M.

Divide into 15 parts and put up in blue papers.

Citric acid, ℥ss.

Divide into 15 parts and put up in white papers.

Sig.—Dissolve one of each kind in one-third tumbler of water, mix and drink while effervescing.

R. Fl. ext. aconite, gtt. xx
Water, ℥iv. M.

Sig.—Teaspoonful every hour.

March 13th. Patient quite easy; continued effervescing powders: discontinued aconite; prescribed two grains of quinine ever four hours, alternating with effervescent powders. March 16th. Patient convalescent; continued effervescent powders once in six hours, alternating with quinine. March 20th. Patient quite well, and at work.

I have followed this treatment in quite a number of cases, and with good results. I sometimes have to treat complications, but place my reliance on the potassa and soda as general remedies in this disease.

Syphilis in Old Age.

The Boston *Medical and Surgical Journal*, in a review of recent syphilology, states that, contrary to the general belief, Dr. Sigmund, of Vienna, regards syphilis acquired late in life as of special mildness. He has made one hundred and eighteen observations of such cases, in men of over forty-five, and in women of over forty-five years of age. The period of incubation is longer than in young people, three to six weeks being required for the sclerosis of the initial lesion and the corresponding adenitis. The characteristic manifestations of ulterior stages were also delayed, as to their appearance, to a period much later than is common in the syphilis of young life. Early secondary eruptions were usually slight and superficial, tubercular or deep exudative formations were rare. They appeared also without fever, and though often with vertigo, insomnia, and cephalalgia, never with an epileptic attack. Generally, he thinks, the hair and the nails did not seem influenced by the disease. There was no caries of the nasal bones, of the jaw, or of the laryngeal cartilages. People already enfeebled sometimes showed profound disturbances of nutrition, and three cases were of grave prognosis. In forty per cent., after adenitis and roseola no further symptom was developed. It was only where severe symptoms appeared that anti-syphilitic medication, properly so called, was used. Otherwise Sigmund made hygiene the basis of his treatment of these cases. In about half the cases local applications alone were employed, in the other half mercurials internally and externally. Twenty-one patients showed general amelioration, without perfect cure.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Our Exchanges.

Littell's Living Age. There is none more welcome, and none more regular on our list of exchanges. We never open its pages without a certainty of finding the choicest and best selected articles on the various literary topics of the day. If a family can take but one of the various and charming magazines of the times, let that one be *Littell's Living Age.* It is a library in itself, treating on scientific, critical, biographical and political subjects, in the most admirable manner, at the same time that it presents the most charming stories and choicest poetry. As a weekly periodical, it is a marvel of cheapness.

The Agriculturist; price $1.50 a year, and worth that alone for its engravings. Every year it improves in style and appearance, and we should think it invaluable to the farmer and gardener.

The Germantown Telegraph. The best family newspaper in these parts, if not in the country. Not a farmer's family that can get it should be without it. Its selections of serial stories are always of a high order, perfectly pure in thought and language; just such as one would read aloud to wife, sisters and daughters.

The Vermont Chronicle is another family paper, of a high order. Especially suited, in its agricultural articles, for the more northern States, we

would commend it as a high toned literary newspaper, interesting alike to the old and young.

The Cincinnati Gazette (weekly). We always welcome it as a western friend, and would commend it, as a family paper, to all who have western interests and associations.

The Trenton Gazette. A good local paper, always welcome on our table.

The Independent. An ably edited and always interesting weekly. We would call especial attention to its coming winter numbers, as containing Rev. Joseph Cook's valuable lectures. They will be esteemed, by many, worth the subscription of the paper.

The Evangelist is a regular and welcome visitor, and stands among the first and best of religious newspapers.

The Presbyterian Banner, of Pittsburgh, and *The Presbyterian*, of Philadelphia, are especially excellent denominational religious papers. Also *The Christian Advocate* and *Zion's Herald*, which are regular, well edited, and always welcome. P.

——The *Proceedings* of the Association of Medical Officers of American Institutions for Idiotic and Feeble Minded Persons, at the annual sessions of 1878, 1879, fill a pamphlet of 108 pages. Besides the minutes, the volume contains the following papers: Intemperance as a Cause of Idiocy, by Dr. G. E. Shuttleworth; on Temporary Loss of Speech from Shock, by Dr. F. Beach; Offspring of First Cousins, by Mrs. C. W. Brown; Recent Progress in the Training of Idiots, by Dr. Seguin; the Relation of Speech or Language to Idiocy, by Dr. H. B. Wilbur; on Internal Hydrocephalus, by Dr. H. M. Knight: and Juvenile Insanity, by Dr. I. N. Kerlin. (J. B. Lippincott & Co., Philadelphia.)

BOOK NOTICES.

A Ministry of Health, and other Addresses. By Benjamin W. Richardson, M.D., F.R.S., LL.D., F.S.A., etc. pp. 354. New York, D. Appleton & Co.

This is a collection of Dr. Richardson's addresses, nine in all, which, in the last few years, he has delivered on various public occasions. They are on the following topics: the necessity, in a civilized nation, of having a cabinet minister to look after the public health; a biographical sketch of William Harvey; the relations of the medical to the clerical profession; the influence of study on health; the element of vitality in nations and individuals; the influence of medical men in social and political life; the various methods of disposing of dead bodies; the value of a registration of disease; a sketch of ether drinking in Ireland. These are, indeed, not the titles he gives his addresses: his titles are mostly too epigrammatic to give the reader much notion of his topic (*e.g.*, "A Homily, Clerico-Medical"); or to indicate what his themes are. It is needless to say they are handled with large learning and masterly eloquence; all who have read much of Dr. Richardson's writing will know this; but it is not amiss to warn the younger reader that the author is an enthusiast, who is sometimes carried away by the fervor of his feelings, and his devotion to his ideas, to an extent that mars the precision, or, perhaps, we should rather say, the completeness of his statements. He is an advocate, an able and impassioned one, and must be heard as such, rather than as a judicial interpreter of science.

First Lines of Therapeutics, as based on the Modes and Processes of Healing, as occurring spontaneously in Disease; and on the Modes and Processes of Dying, as resulting naturally from Disease. By Alexander Harvey, M.A., M.D., Emeritus Professor of Materia Medica in the University of Aberdeen, etc. 1 volume, 8vo, pp. 278. D. Appleton & Co.

A few years ago we had occasion, in speaking of a lecture by an eminent Canadian physician, to ask the attention of the profession to a thoughtful essay by John Stuart Mill, one of those first published after his death, in which that deep thinker points out the prevailing abuse of the words *nature* and *natural* in modern semi-scientific writing. Would that Dr. Harvey had read that essay before he wrote this book! He always spells Nature with a big N, and sets it over against Art with a big A, as if these *nomina* were as real as the mediæval schoolmen taught. He bewails (page 176) that others are "misled and cheated by words." Has he been on his guard against this himself? We think not.

His book is a straight-out apotheosis of the *vis medicatrix naturæ*. This *vis* has many backers now-a-days: but is it wise, is it correct, to contrast it with art? What Dr. Harvey calls "the first and leading fact in therapeutics" is this: "The living organism is so constituted as to be itself adequate to the Cure of all those diseased states that are in their own nature curable." What is this but the barrenest tautology? Mind, he does not mean that all these curable diseases get cured; he merely means that the cures are

effected through organic processes. He denies wholly to drugs any "specific curative powers;" says they never "operate in a direct counteractive way, but only through the curative powers of the organism." This is fighting windmills. Nobody supposes that drugs expel disease as the exorcist expels a demon; but in antiseptic medicine the drug which destroys a bacillus (if any does) removes the disease, and this is counteractive in the right sense of the word.

His lecture on health and disease as relative states of one living organism is marked by a similar playing with words. He announces it as a discovery that "both of them are *natural* conditions of the organism" (italics his). "Strange it is," he adds, "that a matter so simple should not be seen at once by all" (pages 172–3). Stranger still it seems to us that this learned author cannot see that Art (with a big A), which he flouts so often, stands in no such contradiction to Nature as he thinks. Had he ever read, and pondered on, and understood those wonderful words of Goethe: *Das Widernatürlichste ist doch Natur*, he would not have fallen into these fallacies.

Of course, with these notions to teach, active therapeusis is with him a thing of the past. "Now," he says, magisterially, "now that the reign of the lancet, of calomel and active purgation is at an end," the *vis medicatrix naturæ* is the ruling law of practice. He allows that he will be looked upon as a "Therapeutic Nihilist;" but while he denies the charge, his doctrines result in it.

These strictures on the book are demanded by the prevalence of the errors it teaches, by the *idola fori* which it sets up, by the sophisms of the school that it represents; but we must not part company with Dr. Harvey without adding that he is a man of culture, and commanding a pleasing style, and incidentally imparting many valuable suggestions.

A Biographical Dictionary of Contemporary American Physicians and Surgeons. Edited by William B. Atkinson, M.D., etc. Second edition. 1 vol. pp. 749, 1879. Price, cloth, $5.00; leather, $6.00. Published by D. G. Brinton, 115 South 7th Street, Philadelphia.

The value of contemporary biography, especially when the facts set forth are carefully authenticated, is appreciated by all students of history. What would we not give for such a work as this drawn up, we will say, in the days of Queen Elizabeth, supplying us with trustworthy data of the notables of that epoch so marvelously rich in master minds! We are apt to underestimate the worth of such undertakings when they concern our own times. It was an old saying nineteen hundred years ago, that prophets have little honor in their own country: and it is true of others than prophets.

The compiler and publisher of the work before us state their intention to be to make it a biographical encyclopædia of "all who have visibly and publicly contributed to the advancement of medical science in the United States during the present generation," whether as authors, writers for periodical literature, teachers, inventors of surgical apparatus, discoverers of medical facts, and occupants of official medical positions, or as influential practitioners. The number is necessarily great, and it is not a matter of surprise to find nearly or quite twenty-eight hundred names already in the volume; and it is intended to extend this number to embrace all who have been omitted by oversight or from the difficulty of obtaining the requisite information, until the volume "shall be a complete account of the activity and research displayed by the regular profession of this generation in this country." This will be done by adding a signature to the book from time to time, as material is collected, the arrangement being such as to allow this conveniently.

The interest of the work is primarily, of course, to physicians: through its pages they can acquaint themselves, as by no other means, with the histories and life labors of their professional brethren. But the character of the volume will not confine it to professional readers. As a work of reference, as a history of the times dealing with a prominent profession, as a storehouse of biographical, genealogical and social data, it must have a place in every library pretending to completeness, private or public, on every editor's shelf, in every collection of works of reference.

As in most instances the facts have been obtained from the subject of the sketch himself, or from some of his personal friends, they can be relied upon as correct: and the labor of the editor has been confined to arranging them in the form adopted for their publication. Considering the delicate nature of his task, and the quantity of material submitted, he has certainly acquitted himself in a manner very satisfactory to the reader.

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THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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115 South Seventh Street,
PHILADELPHIA, PA.

THE DOCTRINE OF EUTHANASIA.

To the philosophical observer of the mental changes which have in modern times taken place in the human race, perhaps none is more striking than the vastly increased value set upon human life. It is not many centuries since all the European States compounded murder for blood money; in England a slain serf was paid for in full with twenty shillings, and in France for a less sum. Within the recollection of men yet living a man who stole a pair of shoes might be hanged for it in that same enlightened country.

So much has all this changed that capital punishment is now very rare in Great Britain, and it is almost unknown in France and Italy. War used to be carried on with indiscriminate slaughter, while at present non-combatants are spared, the wounded enemy cared for, and the philanthropist follows close on the soldier. Few objects have enlisted more earnestly the efforts of the charitable than foundling hospitals and incurable wards, where lives that would otherwise almost certainly perish quickly are maintained with the warmest solicitude.

Is this anxiety founded on sympathy and charity, or is it prompted by a secret, unconscious fear that the life we have is the only one we shall get? There are advocates for each view, but we shall leave their discussion of it in order to pass to one of the features of the subject which interests medical men. This is the doctrine of Euthanasia; in other words, the propriety, in certain extreme cases, of shortening the life of patients.

The matter came up for discussion at the last meeting of the South Carolina Medical Association, and elicited different opinions. Supposing that, by all precedent experience, death is certain, and that its antecedent agonies are long and terrible, is it justifiable to shorten the life of the patient? That is the question. Speaking for a committee that had been appointed to report on the subject in its various aspects, Dr. J. F. M. GEDDINGS stated that, morally, humanity might be entitled to the same mercy accorded the brute creation, and have its death artificially hastened to relieve it from an agony which could only end in dissolution; yet should the door be opened to such practice, it would lead to manifold horrible abuses. In its ethical aspect, the committee were met with similar difficulties. They could not report as ethical that which is contrary to the uses of society, the laws of which forbid the taking of human life. In its religious aspect the committee had felt hardly competent to consider the subject at all.

Taking religious views of the matter, Euthanasia, in the sense contemplated, would necessarily be rejected, partly because it was contrary to the generally received opinion that a certain amount of suffering was the Divine decree. The greatest difficulty, however, was encountered in the legal aspects of the subject. According to all codes of civilized men, the law was distinct and clear, "thou shalt not kill." In the present state of society the practice of Euthanasia is illegal, and could only be regarded as the practice of murder. He did not condemn the further investigation of the subject, however,

and thought it would be well to continue its consideration from year to year, when finally a written report, which was not deemed at present to be expedient, could be prepared. Until there was a change in the laws and in society, there would be no possibility of making recommendations upon the practice of Euthanasia.

This moderately conservative report was not quite welcome to either party in the meeting. On what we might call the "extreme left," Dr. T. T. Robertson maintained that the time had come when scientific men should discuss this and similar questions regardless of theologians. Euthanasia was as sure to be accepted as was the doctrine of evolution, and that would be, as surely as the Copernican system in astronomy. Society was not prepared for it as yet, but the time had come to discuss the question as to whether physicians are ever justified in shortening life. He believed they were, and was sure the scientific world would sooner or later come to it. He himself had practiced it. He knew it would shock some and antagonize the theologians. But he was prepared to resort to it again under like circumstances.

Such sentiments promptly brought the "extreme right" to their feet. Dr. Prioleau did not consider it expedient to discuss the question. The community is not now prepared for it. Dr. Brist thought the public should not be enlightened on this subject. He hoped that nothing of the discussion would be published, as it might give rise to wrong opinions.

As the Association concluded that it had nothing to conceal, and had not committed itself to any very startling heresy, this suggestion was not accepted; and we are indebted to its courage, which we applaud, for the entertaining discussion we have referred to.

An essential preliminary, it seems to us, to the fruitful debate of this question, would be to define precisely such hypothetical cases as would allow Euthanasia in the mind of its advocates; and then to proceed to inquire whether there are actually cases which correspond to such hypothetical ones. Does hydrophobia? Does cancer? Does the third stage of phthisis? Yet in all these alleged cures have been recorded. They hardly answer the requirements. But if they do not, what diseases do?

THE DECAY OF THE EMOTIONS.

In reading history, one cannot but be struck with the decay of the emotions which has taken place in the last few centuries, say since the rise of national literatures. Men do not love or fear, hate or enjoy, with the violence they once did. The whole tone of modern life is against such emotional excess. We see in this age the charge of the Light Brigade through a valley raked by cannon shot; but the individual soldier is seized by no such fury as the *Berserkerwuth* of the Northmen. Men pursue their purposes with no less tenacity, and with undiminished unscrupulousness, but the passion of revenge, which played such a prominent part in the days of yore, is now next to obsolete. In the autobiography of Benvenuto Cellini, that great artist informs us that after an insult he was seized with a sort of fever or delirium, which could not be appeased until he had wreaked his resentment.

Many instances are on record of persons dying outright from grief, or joy, or disappointment, while now-a-days such occurrences are extremely rare. Several such are recorded in the *Memoires* of the Marechal de Vielleville, a leading French General of the Sixteenth century. On one occasion he had surprised and captured a young Spaniard who had charge of an outlying post. It was under circumstances of a nature to entail severe censure on the captive, for carelessness. Although unhurt and in good health, he died, of mere grief, the first night of his captivity. Examples are not rare where a courtier forbidden the royal presence presently died of mortification. They seemed less able to hold out against moral reverses than now.

It is evident that to-day men are less apt to act on impulse than formerly. They weigh and ponder more. This powerfully affects their viability, and is unquestionably an important factor in the longer lives that modern generations have. With this comes a much greater tolerance of disease and of unhealthy surroundings. Less easily

depressed, with more hope and better grounds for it, they do not yield to the depressing and often fatal effects of fear and despair.

Evidently, therefore, the decay of the emotions is a hygienic advantage. It means the increased power of the intellectual elements of mind. It is a sign of progress, and as closely associated with greater tenacity of life, is one which the physician should foster. In marked neurotic temperaments the control of the emotion is the most difficult lesson to learn, but is essential to safety. Self-government is not attained until the actions are guided by thought rather than impulse; and the improvement of the individual or the race is conditioned on personal self government.

Notes and Comments.

Therapeutical Notes.

SALICYLIC ACID IN LUPUS.

An Italian physician, Dr. Ameglio, treats lupus by administering arsenic internally, and painting the part with—

R.	Acidi salicylici,	ʒ vj	
	Glycerinæ,	ʒ ijss.	M.

The results he reports are that in a few days the readily bleeding vegetations were withered, the ulcerating surface dried and assumed a good character, and complete cicatrization had occurred in one month.

A PROPHYLACTIC IN MALARIA.

The best prophylactic which Dr. Q. C. Smith has found (Pacific *Medical and Surgical Journal*, Oct.) is the following:—

R.	Pulv. cinchonæ,		
	Potassii iodidi,	āā	ʒ j
	Pulv. ipecac.		ʒ j
	Spiritus frumenti,		Oj. M.

Sig.—A tablespoonful three times a day, after meals.

He says of it that it is a preparation the knowledge of which is certainly well worthy of being perpetuated, as it is certainly very efficacious for the purpose for which it is recommended.

MAIZE STIGMAS IN URINARY DISEASE.

Broom corn tops are familiar as the agent in domestic infusions for urinary disorders; and recently the stigmas of ordinary maize have been highly recommended by Dr. H. Dassein as a reliable remedy for complaints of the kidneys and bladder, inflammation of the gall bladder, and various diseases of the urinary organs. The author used an extract made from the stigmas. The virtues of this extract merit further investigation.

APPLICATIONS FOR BURNS AND SCALDS.

The following application is quoted from German sources, in the *American Journal of Pharmacy*:—

R.	Iodoformi,	ʒ ij	
	Extracti conii,	ʒ j	
	Acidi carbolici,	gtt. x	
	Unguenti aquæ rosæ,	ʒ j.	M.

Sig.—Spread on lint, and apply to the parts twice daily.

Dr. R. E. Howard (*Medical Herald*, Nov.) recommends a *saturated solution of sulphate of magnesia*, applied on lint, and small doses of it internally. In a severe burn from concentrated lye, he says he never saw a remedy act more promptly and satisfactorily.

Rusty Weapons Refurbished.

For years, in England, the advocates of the extension of venereal disease—we mean the opponents of the Contagious Diseases Acts—have reiterated that the Acts must not, cannot be enforced, except in garrison towns; and now the New York *Medical Record* takes up this rusty weapon and brandishes it anew. It accuses the Reporter of ignorance of these Acts, even to suggest such a thing. In point of fact, with very slight alteration the effective parts of these Acts could be introduced into any American city to day, without interfering with the constitutional right of citizens. We have no doubt the *Record* knows this, but as it cannot deny the excellent results of the Acts, and is presumably too timid to advocate them or any other similar legislation, it has recourse to this avoidance of the issue. We shall, in due time, give attention to the constitutionality of such legislation in this country, about which there was, some time ago, a verbose and labored article in the *Record*, by Dr. Henry M. Lyman, of Chicago.

Failure of Grafts.

The occasional inexplicable failure of grafts is referred to by Mr. John Duncan, Surgeon to the Royal Infirmary, Edinburgh, in a lecture printed in the *British Medical Journal*. The lesion was a burn, situated over the upper part of the abdomen and the lower part of the thorax, in the left mammary line. It was originally more than four inches in diameter, being nearly circular, but at the time of operation had contracted to three inches.

He had attempted to hasten matters by graft-

ing. Several of the grafts took, and were growing well, when, suddenly, one day, without rhyme or reason, they all sloughed, and involved in their destruction a considerable portion of the marginal cicatrix also. "This is an accident," he proceeds to say, "which, in my experience, is not unfrequent. The new grafts, and the epidermic growth which they provoke, are, so to speak, of an exceedingly sensitive character. A very slight digestive disturbance, a little feverishness, as if from a cold in the head, a trivial roughness of manipulation, is enough to destroy them: nay, as in this case, they will occasionally disappear without apparent provocation: and if they do so, the growing epidermis round the circumference of the ulcer invariably sympathizes more or less."

Have a "Hobby."

Such was the advice to his hearers, given by Mr. Sandford, President of the Society of Pharmacy, of London, in a recent address. It is extremely sound advice. Outside of his business or profession, beyond and above the routine work of life, every man should have some pursuit which he follows for the love of it. The greatest and the best men are wont to have such. The man of one idea is next door to the man of no ideas. Be it botany, horticulture, archæology, Greek, theology, or what you will, so that it is far from the daily toil, has nothing to do with the shop, and breaks up the continuity of thought, it will be beneficial, yes, ennobling.

Black Tongue in Children.

Dr. Hirtz, of Strasburg, reports, in the *Gazette Médicale*, of that city, a case of blackness of the tongue in a child of six years, so black that the parents at first thought it was ink stains. The general health was not impaired. It continued a month, and finally yielded to weak washes of corrosive sublimate (1 gr. to water, ℥j). He quotes some other instances of it, and after discussing the etiology of the affection, reaches the conclusion that it is still in doubt whether this discoloration is owing to the presence of a parasitic vegetable growth or to a piliform epithelial hypertrophy.

The Collection of Medicinal Plants.

In the collection of medicinal plants, it is by no means the largest and finest specimens which possess the most active properties. It is well known that although cultivated plants have larger and handsomer leaves than wild ones, their virtues are inferior. This is especially true of plants with narcotic properties. The *American Journal of Pharmacy* very properly criticizes this desire on the part of druggists for elegant specimens. It might go further, and condemn, on the same just grounds, the rage to have all the alkaloids white or nearly so. The bleaching process they are forced to undergo often deteriorates them.

Correspondence.

Lithotomy Operation for Stone in a Female.

Ed. Med. and Surg. Reporter:—

Eight months ago, Dr. B. T. Smith, of Wilmington, Del., was consulted by Mrs. P., a widow woman, aged 38 years, who stated she had been feeling "poorly," more or less, for eight years; had consulted several physicians, both in Wilmington and elsewhere, without relief, and had finally concluded nothing permanent could be done for her, but she only wanted temporary ease. The subjective examination elicited a set of symptoms which made the doctor suspect the bladder to be the seat of trouble, and he desired to make a physical examination, explaining to Mrs. P. why this was necessary. This, however, was repugnant to her, and in default of obtaining her consent the treatment was simply palliative. This principally consisted of anodynes, to allay pain and soothe irritation, and demulcent and diluent drinks, with alkalies. Her symptoms growing worse, pain almost incessant, bladder extremely irritable, etc., she finally consented to an examination, and Dr. Smith, with his partner, Dr. G. R. Henderson, ascertained beyond a doubt, what was previously suspected, viz., stone in the bladder. The medical attendants made the patient understand that the only way to obtain permanent relief was by undergoing an operation. She consented, and on the 13th of the present month (Nov.) it was performed by Drs. Smith and Henderson. Having anæsthetized the patient, she was placed on her back on a hard husk mattress, with the buttocks near the edge of the bed, and the knees sharply flexed. A director was introduced into the bladder, and a straight, probe-pointed bistoury was carried up quite into the viscus, cutting edge toward the pubis. Upon withdrawing the knife, an incision about two lines deep was made through the membranous urethra and the lower half of the neck of the bladder. A pair of short, strong, slightly curved forceps was introduced, and a stone grasped, but the opening was found too small to permit its withdrawal. The knife was again introduced, the opening enlarged, still toward the pubis, and the second introduction of the forceps was more successful, a small stone being in its jaws when withdrawn. This operation was repeated again and again, until *no less than sixteen stones were removed* from the bladder, the largest being an *inch and a quarter* in diameter, and the smallest half an inch in diameter. The stones were of the *oxalic* variety, some of the smallest being of the *hemp seed* shape, and varying in size from a pigeon's egg to that of a Guinea fowl.

The larger stones were round, smooth, and lay in the most dependent part of the bladder; the smaller ones lay well up behind the pubis, and were so impacted together that when the finger was run over them it reminded one of a cobble-stone pavement. Immediately after the operation the bladder was thoroughly washed out with warm water, and an injection of milk, brandy and tincture of opium was administered per rectum. The operation was attended by a very slight hemorrhage; indeed, so slight as to occasion remark. As soon as the patient became conscious, a positive opiate was given her, and a flexible catheter was cut in half, and the end containing the eyelets, to which was attached a long rubber tube, was introduced into the bladder and fixed there, for purposes of cleanliness. On Nov. 15th, two days after the operation, the patient was comfortable. The pulse was 98, skin cool, not much pain, and general condition easy. Opiates were still given, the bowels were kept locked up, and the diet was milk, beef tea, and egg custard. On November 17th the nurse stated that the tube in the bladder had been forced out by a blood clot, but that the patient called for the bed pan when she wanted to use it. And it was a fact that *four days* after the operation the patient could hold *three ounces* of urine in the bladder. This is remarkable, not only for the rapidity with which the parts healed, but because incontinence follows in the majority of cases after this operation. At this date (Thursday, Nov. 20th) the patient is doing well, with every prospect of a speedy and happy recovery.

DRS. SMITH AND HENDERSON.

Infantile Convulsions.

ED. MED. AND SURG. REPORTER:—

In reading your valuable journal, I occasionally see an article upon the subject of infantile convulsions. Allow me to give my experience with the hypodermic method of treatment, by reporting one case which lately came under my care. I was called to attend the six months' old infant of a brother practitioner. He informed me that the child had had two paroxysms, with an hour intervening between the two. After the first fit he gave an enema, hot mustard baths, friction to the spine, potass. brom., gr. v, half hourly, etc., which did not prevent the second paroxysm. Inquiring with regard to the enema, I found the syringe used to have been inadequate for the purpose (a two-ounce glass one). I at once sent for my Davidson's No. 1, and gave an injection of ol. ricini, ℥j, spts. terebinth, ℥ij, in one quart of soap suds, which proved effectual in bringing away considerable fecal matter, though, in my opinion, not sufficiently irritating to have produced the convulsions. The paroxysms continued until the fifth, at regular hourly intervals. I at once injected the following solution, hypodermically:—

℞. Hyoscyamine (Merck's), gr. $\frac{1}{60}$
Aquæ camph., gtt. x.

The child, in course of half an hour, fell into a quiet sleep, which continued for six hours. On awaking it at once commenced nursing, with no further return of the mother's greatest fear, infantile convulsions.

Smith River, Cal. J. F. THORWARTH, M.D.

NEWS AND MISCELLANY.

Method of Preserving Dead Bodies.

Mr. Keysmann, United States Consul General at Berlin, in his dispatch to the Department of State, dated October 30th, communicates a description of a newly discovered process for the preservation of dead bodies. The inventor or discoverer had secured a patent for the process, but the German government, conceiving the high importance of the invention, induced the patentee to abandon his patent. Thereupon the government made public, through the press, a full description of the process, as set forth in letters patent. The following extracts are translated from the German newspapers of Oct. 23d:

The dead bodies of human beings and animals, by this process, fully retain their form, color and flexibility. Even after a period of years such dead bodies may be dissected for purposes of science and criminal jurisprudence. Decay and the offensive smell of decay are completely prevented. Upon incision the muscular flesh shows the same appearance as in the case of a fresh dead body. Preparations made of the several parts, such as natural skeletons, lungs, entrails, etc., retain their softness and pliability.

The liquid used is prepared as follows: In 3000 grams of boiling water are dissolved 100 grams of alum, 25 grams of cooking salt, 12 grams saltpetre, 60 grams potash and 10 grams arsenious acid. The solution is then allowed to cool and filter; to 10 litres of this neutral, colorless, odorless liquid, 4 litres glycerine and one litre methylic alcohol are to be added. The process of preserving or embalming dead bodies by means of this liquid consists, as a rule, in saturating and impregnating the bodies with it. From 1½ to 5 litres of the liquid are used for a body, according to its size.

A California Health Resort.

The Ojai Valley, Ventura Co., Cal., is highly lauded by a writer in the Boston *Medical and Surgical Journal*, November 13th, as a resort for consumptives.

The Ojai Valley is separated from the Pacific Ocean by a mountain ridge, so that there are no direct sea winds. From July to October it is too warm for comfort, for some days, or even weeks, but the nights are delightful. From October to July the weather is said to be perfect. The altitude of the lower Ojai Valley is one thousand feet. The upper valley is about fifteen hundred feet; the mountains five hundred feet higher. The religious and educational advantages are good. A seminary has been recently opened, where any one can be fitted for college. San Buenaventura is the nearest seaport, fifteen miles, over a very good stage road; thence access to San Francisco, by steamer, is easy. Probably there is no place where the patient can safely pass so much time out-of-doors, in the year, as here.

Prophylaxis of Scarlatina and Diphtheria.

Dr. E. M. Snow says, in his last report as City Registrar of Providence—

The occasional occurrence, during the past month, of scarlatina and diphtheria in the same house, and of both diseases, one following the other, in the same child, seem to indicate that the local causes of the two diseases are similar. We may safely say that impure air is one of the factors *necessary* for the propagation of either of the two diseases. We may also say, with positive certainty, that there is very much less danger of either scarlatina or diphtheria in those houses where the premises, and especially the sleeping rooms of the children are free from the impure air arising from sink drains, cesspools and privy vaults. This fact, of which I have no doubt, ought to furnish a guide for immediate and efficient action on the part of parents and others.

A Home for Invalids.

Physicians who have patients expecting to come to this city for medical advice are frequently asked about proper boarding places, where good nursing and quiet can be had. The lack of such facilities has led Dr. A. T. Livingston, 260 South Sixteenth street, to arrange, in the house he occupies, for the reception of a limited number of invalids, who can there be sure of the most attentive care, and receive the visits of any physician they prefer. Dr. Livingston was, for a number of years, Assistant Physician at the New York State Lunatic Asylum, and the profession can have every confidence in referring patients to him. For terms, etc., he may be addressed as above.

Items.

—The daily papers state that diphtheria prevails in Brooklyn to an extent that has alarmed the health board, and undertakers have been instructed that the bodies of all persons dying of the disease must be buried within twenty-four hours after death, and that the funeral services must be private. Children are forbidden to attend school from houses in which there are persons sick with diphtheria.

Prof. J. Aitken Meigs.

WHEREAS, The Philadelphia County Medical Society has lost, by the death of Doctor James Aitken Meigs, an old and highly valued member and ex-President of the Society, who has been taken suddenly away from his career of usefulness; And, *whereas*, we have ever recognized in him one who, from his first entrance upon the field of medical science, devoted his time and talents, with exceptional zeal and industry, to the acquisition of knowledge, of whatever kind and from whatever source attainable, that could in any degree prepare him for a more perfect and conscientious discharge of the duties of a most responsible profession; And, *whereas*, the fulfillment of his exalted aims has been signally manifested in the success of his earlier and later efforts in behalf of rational and scientific medicine, establishing for himself, as he did, by devotion to the investigation and solution of intricate questions pertaining to medicine, a reputation, not only co-extensive with our own, but that has extended to foreign lands. Therefo re,

Resolved, That it is eminently proper that this Society should, and hereby does, express its sense of the loss sustained in the sudden death of one who, with talent of no ordinary character, and acquirements that only a few possess, was yet so simple in manner and conversation, so unassuming, affable, and frank in deportment, as to attract and interest all with whom he came in contact.

Resolved, That a copy of these preambles and resolutions be transmitted to the aged and bereft parent of the deceased, and that they be published in the medical and in the daily papers.

QUERIES AND REPLIES.

Black Tongue.

Subscriber, Mich.—"Please state what is meant by 'black tongue,' which I see by the papers is prevailing in some parts of the country."

Ans.—The name is usually applied, in the Western States, to a form of epidemic erysipelas, which attacks the fauces and tongue. Dr. George Sutton, of Aurora, Ind., wrote a description of it a number of years ago. There is also a non-malignant form, probably owing to a parasitic growth on the tongue; and malignant scarlatina appears also at times to have been so called. See p. 482.

Dr. B., of Vt.—Your letter will be referred for reply, as directed. Your description seems to correspond to a case of spina bifida. The treatment of this malformation by iodine injections is the most promising.

Dr. T. M. M., of Texas.—The best books for a young man to study, who desires to become a pharmacist, are the U.S. *Pharmacopœia*, the *Dispensatory*, and Parrish's *Pharmacy*.

Advocate.—The blood has been classed by some physiologists among the "tissues;" but it is straining the word to do so.

Cerebrum.—The weight and size of the brain bear no ascertained relation to intellectual power. The complexity of the convolutions appears more important.

MARRIAGES.

FERGUSON—HILLMAN.—In Princeton, Mass., Oct. 21st, by Rev. E. C. Ferguson, Dr. Merritt S. Ferguson and Miss Elizabeth A. Hillman, both of Hadley, Mass.

GRAYDON—MEEKER.—At Dauphin, Pa., Nov. 4th, by Rev. D. C. Meeker, Dr. Andrew Graydon, of Philadelphia, and Miss Leila Meeker, daughter of the officiating clergyman.

KERR—GROVES.—On Thursday, Oct. 9th, at the residence of the bride's parents, by Rev. Thos. S. Park, John W. Kerr, M.D., and Nannie T., daughter of Jonas Groves, all of Springfield Tp., Jefferson Co., Ohio.

KNIGHT—HOWARD.—On November 7th, at Canton, Mo., by the Rev. J. W. Barrett, Geo. P. Knight, M.D., and Miss Eudoxia Howard, both of Monticello, Mo.

DEATHS.

BAKER.—On the 10th instant, Catharine S., relict of the late Dr. William Baker, of Wilmington, Del.

BLOOM.—At Martinsburg, Pa., Oct. 10th, Mrs. Mary, wife of Dr. F. G. Bloom, in the 52d year of her age.

BOND.—On Oct. 25th, at Polkville, Warren county, N. J., Dr. Thomas Bond, formerly of Philadelphia.

DECKER.—Nov. 9th, Dr. John G. Decker, of Cambridge, N. Y., formerly of Jersey City, N. J., son of Benjamin W. Decker, aged 22 years and 9 months.

ROBINSON.—Entered into rest, at Flatbush, Long Island, Friday Nov. 7th, John Robinson, M.D., in the 71st year of his age.

WHITE.—At his residence, in New York, Dr. Oliver White, in the 70th year of his age.

THE

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

HYSTERO-CHOREA.

BY HENRY C. BOENNING, M.D.,
Interne in the Philadelphia Hospital.

The following case of hystero-chorea occurred in the wards of the Philadelphia Hospital, and its many interesting features have induced me to place it upon record:—

October 18th, 1879. Charles Webb, sixteen years old, born in England, a schoolboy, and who came to this country five years ago, has convulsions without loss of consciousness. Interrogation of the mother elicits the following history: The boy's father died last fall, of gastric cancer. The brothers and sisters of the patient are perfectly healthy, and the only case of any neurosis in the family occurred in a cousin, who had epilepsy. The birth of the patient was unattended by any difficulty, the labor was natural and easy. When he was about two months old he had what the attending physician called "congestion of the brain." At nine months he was afflicted with "fever," of which Mrs. Webb recollects the existence of obstinate constipation in the patient, the febrile state, but nothing else. Eleven years ago he received a severe blow on the side of his head, and in about one hour's time was noticed to become pallid, unconscious and rigid; soon clonic spasms developed, froth covered the mouth, and the fit terminated by a long, deep sleep. These convulsive paroxysms were repeated about three times a year until the present time, but in addition he has had, since his twelfth year, the peculiar malady for which he was admitted to the hospital. Four years ago Webb's father promised to punish Charles, but kept him in a state of agitation and suspense for two days, when, becoming violently incensed at his son for the non-performance of certain school tasks, he struck him on the head. For some time preceding he was noticed to twitch and move restlessly about, "as if he were ill at ease," and almost immediately following the above occurrence the patient had a series of paroxysms, of the same character as they were when he entered the hospital a few days ago. His fits manifest themselves only while he is awake, and his consciousness is never lost. From three to six paroxysms an hour will represent the frequency of his attacks, which are ushered in in the following manner: Suddenly his left forearm is drawn at right angles to his arm, and stands, resting on the elbow, midway between pronation and supination. Rigidity, with slight tremor, is developed, and the hand approximates the left shoulder. The muscles of his left leg are in a state of marked contraction, the feet being decidedly flexed and somewhat inverted. He has pleurothotonus of the left side. The face is directed upward, and the chin points toward the right shoulder. The orbicularis palpebrarum, the zygomatici and the sterno-cleido-mastoid, of the left side, become rigid, but the muscles of the tongue, the masseters and the buccinators are unaffected. The jaws are slightly apart, readily moved, and when requested to do so he protrudes his tongue, which does not deviate. From ten to thirty seconds the muscles remain in this state of tonic contraction, which is suddenly displaced by the clonic convulsions, in which all the parts previously rigid rapidly

twitch. The circulation and respiration are somewhat accelerated during the attack, subsiding, however, to the normal at its cessation. The pupils undergo no change. Evacuation of the bladder or the rectum does not occur. Prior to two weeks preceding Webb's admission to the ward he was able to leave his bed and recline during the day in an easy chair; constant watch, however, was absolutely necessary, to prevent him from falling from the couch, or chair, or bed. At times the patient would, weeks ago, make attempts at walking, but would succeed so poorly that recently he had been kept almost constantly on his back. Pain in the right frontal region seems to have been a standard complaint with Webb, and a tendency, when he was stood upon his feet, to lean toward the right side was also observed.

The physical condition of the patient is as follows: He is well nourished and formed, the organs are free from organic disease, and functional disturbance of any of the thoracic or abdominal viscera is not apparent. The temperature in the axilla is $98\frac{6}{10}°$. The patella-tendon reflex in the left leg was absent, in the right leg diminished. The dynamometer registers as follows: L. H. 0.; R. H. 53. There is diminished sensation over the whole of the left side, excluding the left side of the tongue and penis, with positive loss of sensation over the outer surface of the left leg. Webb's position in bed is constrained, and his body forms an arc (of a circle possibly seven feet in diameter), whose convexity is on the right side. With reference to the patient's intellect, it appears to be developed in direct ratio to the instruction he has received. For four years Webb would not voluntarily move his left leg or arm.

Oct. 22d—four days after admission—the nurse's report reads: "By actual count, the patient has had thirty-five paroxysms this day." Told him that unless the paroxysms were markedly less the following day I would apply the actual cautery to his spine.

Oct. 23d. Report: Eight paroxysms. Patient eats and sleeps well. Showed him a galvanic needle, and explained its effects, and impressed him that unless his malady be speedily abolished, I should certainly make numerous issues.

Oct. 24th. No paroxysms. By sternly directing him to raise his arm, which had not obeyed his will for many months, and assisting my order with an occasional application of the galvanic needle, I was gratified to see that my surmise of the cause of his trouble was correct; his arm was raised to the height of about four inches from the surface of the bed. The apparently useless leg was treated similarly, and the result was about the same as that obtained in the arm.

Oct. 25th. The nurse's report reads: "Improvement still going on." The arm can be raised higher; the leg moved with greater facility. A few days later the patient was out of bed and walking around in an awkward and uncertain manner.

Oct. 28th. Dynamometer L. H. 15, R. H. 50. Sensation has returned to the left leg.

Nov. 8th. Sensation everywhere normal. Dynamometer R. H. 60, L. H. 38. When he is under observation or excited his left hand and fingers twitch, and any voluntary movement is executed in a hesitative manner; though he is daily improving, having the choreiform movements still in the left arm, but only to a very moderate extent.

The medicines administered were sodium and potassium bromide, 20 grains three times a day, for a few days after admission; then a prescription was ordered, containing 5 grains each of bromide and chloride of sodium. At present, and for several days past, he is taking 5 grains of the placebo sodium chloride, three times a day. *The* treatment, however, was a purely psychical one; threats and the infliction of pain determined the cure. Without *severe* discipline we could have accomplished nothing.

An interesting feature is the patella reflex sign, which was carefully studied. When Webb entered the ward it was *absent;* at the time I write it is almost completely restored; proving that as an exponent of organic trouble the objective sign referred to cannot invariably be trusted.

ERGOT IN FIBROUS TUMORS OF THE UTERUS—DEATH DURING A FIT OF EPILEPSY.

BY H. V. FERRELL, M.D.,
Of Carterville, Ill.

Mrs. E. A. G., aged 33 years; married ten years. Two children; youngest 6 years old. No miscarriages. Puberty established at fifteen; duration of flow at the beginning five days, and profuse. Became irregular at twenty-three; duration of flow increased to seven days, and most profuse; never painful. Has been an epileptic for eight years, but has not been troubled with it much for two years past. Fits of anger or excitement have appeared to act as exciting causes of an epileptic seizure. Felt a "lump" just behind the "cross bones" about five years ago, since which time, with the exception of about

two months during the past summer, she has been a constant sufferer from menorrhagia and metrorrhagia. Last February her attending physician, after examination, diagnosed pregnancy. To relieve the pains of the uterine contractions which occasionally occurred he was in the habit of giving morphia.

I was called to see her October 20th, 1879. Upon inspection, I found the abdomen occupied by a tumor extending upward to near the ensiform cartilage, and laterally to the ilia. Per vaginam, the cervix was found about an inch in length, fissured laterally, low in the pelvis, and the os not dilated enough to admit the point of the index finger. Per rectam, the posterior surface could be felt hard and nodular. The entire mass was quite movable, and carrying with it, in all directions, the uterus. Posteriorly and laterally, to the anterior segment, the uterine probe was arrested just behind the os internum. Anteriorly, it passed upward to the extent of five and a half inches, where it became arrested. Diagnosis, submucous fibrous tumor of the uterus. I applied tampon, and gave tr. cinnamon and gallic acid to arrest the hemorrhage.

October 24th. The hemorrhage not being arrested, I introduced a sponge tent, and ordered Squibb's fl. ext. ergot, gtt. xx every four hours.

October 29th. Powerful uterine contractions; hemorrhage still continuing; patient much exhausted; pulse 132, weak; had a severe epileptic convulsion.

October 30th. Os dilated to the size of a silver dollar, and occupied by the presenting tumor. Only one sponge tent was introduced, which remained about eighteen hours. The tumor was exceedingly vascular, bleeding freely when seized by the tenaculum or volsellum, which I did, hoping to remove it by Emmet's method of traction, which was found in this case to be impracticable.

Hemorrhage still being profuse, and threatening the life of the patient daily, the uterine cavity was copiously injected with warm water, followed by two drachms of Churchill's tincture of iodine. After this we had no more trouble from hemorrhage. On the evening of October 30th the tumor was found to be disintegrating and coming away. The uterine contractions were kept up by the ergot, which was now ordered in thirty-drop doses every six hours. When the contractions would partially subside, they were always promptly aroused by the ergot. After the permanent arrest of the hemorrhage, the patient improved in strength, the tumor was growing less and less, masses as large as the thumb were washed away daily, besides a constant discharge of putrilage.

Sunday morning, November 2d, I visited her, in company with Dr. Harris, of Crainville, who kindly assisted me in all the treatment. She expressed herself as feeling stronger than usual; had taken more nourishment than common. Skin normal; pulse 96; tumor on a level with the umbilicus We were intending to postpone washing out the uterus and vagina till our usual time in the afternoon, but on examination we found the discharge of the broken down masses to be more abundant than common, and decided to proceed at once. Sims' speculum was introduced, and through a gum-elastic male catheter we injected nearly a gallon of warm carbolized water. The os was well dilated, and the water returned freely. The patient made no unusual complaint. Uterine contractions increased in force. After the washing was completed, and before she was replaced in bed, she was seized with another severe epileptic convulsion, with nothing special to mark it from others of the same kind, till the long-drawn, stertorous inspirations which usually indicate the termination of the fit began to grow more and more infrequent, the lips livid, the eyelids partially open, the pupils dilated, cold sweat standing out upon the face—and our patient was dead.

Among the more prominent features of this case we may note the fact that the injection of warm water and the tincture of iodine promptly and permanently arrested the hemorrhage after all other means had failed. Ergot produced and kept up powerful uterine contractions, which, by interfering with the nutrition of the morbid growth, doubtless were rapidly causing its disintegration and expulsion.

What should be the treatment of such tumors occurring in epileptic subjects, where the uterine contractions may act as an exciting cause of the paroxysm? The arrest of the hemorrhage is absolutely essential to the life of the patient, and in that, as well as in the removal of the tumor, by whatever means it may be done, contractions of the womb, I think, are indispensable. Can any treatment be instituted that will control the epilepsy, and at the same time not interfere with the other treatment? I think it possible; but from the exceeding rarity of a fatal termination in a paroxysm of epilepsy, I was not led to suspect such a result in this case, else I should have instituted such treatment after the first paroxysm. If I was treating another such a case, I should treat it in the same way as this, with that exception.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CLINIC OF PROF. GROSS, OCTOBER 4TH, 1879.

REPORTED BY FRANK WOODBURY, M.D.

Treatment of Fractured Clavicle by the Silicate Bandage.

A man, giving the history of a recent injury of the shoulder, caused by a fall from a wagon, was brought before the class, to exhibit the manner of dressing fracture of the clavicle. After pointing out the usual position of the fracture, about the middle of the clavicle, and calling attention to the characteristic deformity of the bone, caused by the riding upward and backward of the inner fragment and the depression of the shoulder, Prof. Gross spoke of the principles which should guide the treatment. The elbow must be brought in front of the chest, the fingers of the injured side resting upon the sound shoulder. In this position, if the elbow be well supported, it will be found that the deformity has disappeared, and the fracture is perfectly reduced. To keep the parts in this position until union takes place, some form of retentive dressing is required. He frequently uses, and prefers, the silicate of soda dressing, the solution being applied with the hand to the ordinary roller bandage. The patient keeps on his ordinary gauze undershirt, or the dressing is applied over a layer of cotton wadding, which keeps the silicate from the skin and makes it last longer. Indeed, one application of this dressing is generally sufficient, the union being sufficiently firm, at the expiration of a month or six weeks, to permit its removal. In this respect it has an advantage over the plain roller, applied as directed by Desault, as the roller becomes easily disarranged and requires frequent removal. Prof. Gross formerly used adhesive straps, but had concluded that the soluble glass was a better application; plaster of Paris might be used for this purpose, but on account of its weight it is not so good as either of the others previously named.

Diastasis of Humerus.

"This child, three years of age, is said to have fallen down stairs a few days ago, and was brought yesterday to the Out-patients' Department, where an injury of the arm was detected and an appropriate bandage and splint applied. We observe considerable swelling of the arm above the elbow, and on motion, pain and abnormal mobility are found to exist, and grating or crepitus elicted. This is not a true fracture of the bone, but is a separation of the epiphysis or articular extremity of the bone from the shaft or diaphysis. There is obvious parting, here, of the condyles from the shaft of the humerus, at the situation of the cartilaginous layer. This separation is termed a *diastasis;* in young subjects it is more common than fracture of the bone, and may occur at any time prior to the sixteenth or seventeenth year, when the condyles unite with the shaft, and the cartilage becomes ossified. The upper epiphysis, or head of the humerus, does not unite with the shaft until some time later, generally about the twentieth year. Cases like this are to be treated as ordinary fractures, by padded angular splints. Union may be expected earlier than in ordinary fracture of the humerus occurring in adults.

Removal of Part of Tonsils for Hypertrophy.

"As a result of repeated attacks of inflammation, this little girl, four years of age, whose constitution is not very strong, has marked enlargement of the tonsils, which interferes with her breathing, particularly at night. Her mother informs us that she lies with her head extended, or thrown backward as far as possible, and that she snores lustily. The entrance of air being impeded by these large tonsils, she retracts the head so as to bring the upper air passages nearly in a line with the trachea, so as to breathe more freely. Owing to the increased efforts at inspiration, the child also sweats at night; not perspires, but *sweats*, which is the only proper term to use to describe the condition.

"Cases of enlarged tonsils present three peculiarities; (1) lying with the head thrown back, (2) snoring, and (3) sweating. This affection is most common in children of a delicate habit of body; especially those laboring under, or predisposed to, a strumous taint. Associated with the state just named, we generally have cold extremities, a capricious appetite, tumid or enlarged abdomen, flaccid muscles, pallid face, and everything denoting a weak condition of the system. This disease of the tonsils manifests itself very early in childhood, nearly always before the tenth or twelfth year, and I have found it congenital in a number of instances. I would not be surprised if it came on in the present case soon after birth.

"As regards treatment, it might be observed that in its earlier stages improvement may be expected from remedies directed to the general system; a course of chalybeates, good, nutritious food, and occasional laxatives; with a local application, from time to time, of a solution of nitrate of silver—

℞.	Argenti nitratis,	gr. x to xij	
	Aquæ,	℥j	M.

To be applied every other day, and subsequently twice a week. This should be gradually increased to twenty or thirty grains, if necessary, and will be found quite efficient. The mother should also be directed to frequently rub the tonsils with her finger, which will have the effect of producing the absorption of the inflammatory deposits to which the enlargement is due.

"When the condition has existed for a long time, nothing save the excision of a portion of the gland will prove of any service; but only the part of the gland protruding between the pillars of the fauces is to be removed. In the adult this may be readily performed, without an anæsthetic, by grasping the prominent portion of the gland, drawing it away from the arches of the palate with a volsellum, and excising it with a blunt-pointed, curved bistoury, introduced with its back to the tongue, cutting upward and inward. In young children a little chloroform is needed, to prevent struggling. Before the introduction of anæsthetics I was in the habit of wrapping a sheet around the little patient, so as

to confine the extremities, and make a cylinder of his body; thus completely controlling a child who otherwise would be exceedingly troublesome; even then, with the child as immovable as possible, it was often a difficult operation, from the crying and perverseness of the patient.

"For operating upon children, an instrument termed the guillotine or tonsillotome has been devised. The redundant part of the gland is to be included in this fenestrum, and by withdrawing the blade it is removed. Where you have perfect control of your patient it may be used with advantage. The difficulty is in getting off enough of the gland in this way, and for this reason I generally prefer using the bistoury.

"The operation is a very simple one. First seize hold of the gland with the toothed forceps, or volsellum, as it is called; then draw the gland out from the arches of the palate, in which it is buried; and finally, with the curved, probe-pointed bistoury, cut away the portion that is considered necessary. Both tonsils may be operated on at one sitting, but where there is a good deal of bleeding the second may be deferred until a future period.

"A small amount of bleeding is beneficial, as it relieves the engorgement of the parts, but sometimes it is excessive, the parts being very vascular. Long continued irritation gives rise to plethora here, in the same manner that the constant irritation accompanying stone in the bladder produces a similar result in old persons; there is an enlargement of the veins of the tissues around the neck of the bladder, so that the operation of lithotomy may be followed by profuse hemorrhage.

"The hemorrhage after this operation is generally checked by gargling with cold water, or vinegar and water, and holding the mouth open, so that there is free access of the air. Soft diet must be used for a few days, and the child carefully protected from cold.

Incipient Hip Joint Disease. Remarks on the Nature of the Affection and its Appropriate Treatment.

"As this child enters the room, we notice that he shrinks from the light, and on looking at his eye we find a white speck, due to a superficial ulcer of the cornea. I have no hesitation in pronouncing this a case of constitutional taint, or in diagnosticating the affection as one of a scrofulous nature; especially after hearing that he has been ailing for some time; and also, upon examination, finding a defective condition of the upper incisor teeth. He does not, however, come on account of the condition of the eye, but his father brings him because there is some lameness as he walks. This was first noticed about six months ago, but for the last six weeks it has appeared to be more marked.

"His legs seem to be of equal length, and the heels on the same level. His muscles are rather softer upon the right side than upon the left; this is most marked in the muscles of the thigh, producing flattening of the nates upon this side, but there is no great alteration in the contour. The gluteo-femoral crease, as I am in the habit of calling it, is less evident upon the right side than it is in the left. This I regard as very important in the diagnosis of hip-joint affections; as a slight change in this crease is easily observed. Now, let him walk, that we may watch the movements of the limbs. As he goes around the amphitheatre, it is observed that he bears more weight upon one limb than upon the other, and throws the affected limb out a little more than if it were perfectly sound.

"The father tells us that the child sometimes starts up and cries out in its sleep; he appears bewildered and frightened, and the parents have to go to him and quiet him.

"This child has all the symptoms of early hip-joint disease. Notice, as he stands erect, the outline of the back and the marked curve in the dorso-lumbar and sacral regions, a compensating curve required by the position in which the child is obliged to place himself in order to take the weight off from the right foot.

"One of the earliest symptoms of hip-joint disease is pain in the corresponding knee; and I do not recall that I ever saw a case in which it was not present. This pain is worse during damp states of the atmosphere, for reasons which are not clear, except that it may be connected with electrical conditions. This knee-pain continues for two or three months, and we then find it ascending to the hip; and at the same time the patient walks with more and more difficulty; the limb apparently is longer than the sound one; though only apparently, as there is no actual difference, until the later stages of the affection, when the head of the thigh bone becomes destroyed by ulceration, and the limb correspondingly shortened. The apparent lengthening is due mainly to tilting of the pelvis, and the dragging of the limb in walking.

"The inflammation generally commences in the synovial membrane, or in this membrane and the underlying articular cartilage. Sometimes the disease begins in the head of the thigh bone, in the spongy tissue. From the original focus, it soon spreads to the surrounding parts, so as to involve in succession all the proper structures of the joint. Pus forms, caries or necrosis follows, producing an abscess, which may point in front of the thigh, but more frequently discharges posteriorly, or on the outer side of the hip. The accumulating pus may burrow a considerable distance, dissecting the muscles from each other, and produce disorganization of surrounding parts. At this stage of the disease there is always serious trouble in the head and neck of the thigh bone, from progressive ulceration; sometimes necrosis takes place, from the violence of the disease, but more often the head and neck of the bone disappear entirely, as a result of caries.

"If the pus do not meet with ready outlet, it may discharge into the pelvis, and find its way into the bowel or bladder; or, in the female, it may appear in the vagina.

"At this stage of suppuration there is always fever, of a hectic character, resembling that of pulmonary consumption; and if the diseased head of the bone be not removed by surgical operation, the patient is almost sure to perish, the tendency being to a fatal termination. I will speak of the nature of the disease more fully at a future time, and need only state at present that it is essentially of a scrofulous character; a term

commonly used by surgeons in speaking of diseases presenting certain well-known appearances, although they do not all agree concerning its cause. I have come to the conclusion that this disorder is unquestionably of a strumous nature, and look upon it as a remote outgrowth of syphilis. I have long taught that there can be no disease of this kind without a previous taint of the system, and I have always maintained that where this predisposition exists the disease may be called into existence by comparatively slight causes, such as blows or falls, or suppression of the cutaneous perspiration, which, in a healthy subject, could not be followed by such peculiar manifestations. When this tendency is present, trivial causes may produce severe consequences. I know that my friend, Dr. Sayre, of New York, who has given a great deal of attention to this subject, holds that hip-joint disease may arise from ordinary injuries in a healthy constitution, but I cannot agree with him. We cannot, by slight means alone, give rise to pulmonary consumption; there must be a constitutional predisposition, or else the tubercular deposit will not appear. It is the same with hip-joint disease. In the present case, we learn that a sister died with consumption, and another child died with marasmus. I have made a practice of making complete post-mortem examinations in cases of death from hip-joint disease, and I have always found tubercles coexisting in other parts of the system, and I have published such cases. Bear in mind, then, that a constitutional predisposition of a peculiar kind always accompanies hip-joint disease.

"What treatment shall be recommended? There is no serious disease as yet. We shall, however, insist, unconditionally, upon rest for this joint—perfect rest. The child shall be placed upon a comfortable mattress, and care shall be taken to have the sheet perfectly smooth beneath him. Extension shall then be applied to the affected leg, by the ordinary lateral strips of adhesive plaster, just as in the case of a fractured femur, and four or five pounds weight shall be used. A roller bandage will be run from the foot to the hip. This dressing will keep the muscles quiet, and prevent them from falling into spasms, which would draw the head of the bone violently against the inflamed acetabulum, and cause severe pain and nervous irritation. The foot of the bed shall be a little raised, in order to make the weight of the body produce counter-extension.

"His diet shall be nutritious, but not too stimulating, with as little medicine as possible. Perhaps once or twice a week he would be benefited by a gentle purge:—

R. Hydrarg. chlorid. mitis, gr.ss
Pulv. jalapæ, gr.iij. M.
Sig.—At night.

"Or he could take one part of calomel to three or four of jalap. This is essentially the treatment of the late Dr. Physick, who considered rest of paramount importance, as does every surgeon of prominence at the present day.

"When an abscess forms around the joint, the proper treatment is to remove the matter at the earliest possible moment, by a free incision, not allowing it to accumulate. In the later stage when the head and neck are very much diseased, the proper method is excision, not amputation; the caries or necrosed bone must be removed, or the patient will inevitably perish by hectic and exhaustion.

"The digestion and appetite of the patient shall be looked after, and tonics given. Quinine and iron, or the syrup of the iodide of iron, will be of great benefit. His diet shall consist largely of milk, eggs, and a little of the red meats; indigestible food, such as pastry, shall be rigidly excluded. If it is found to agree with the stomach, cod-liver oil, or some of its preparations, may greatly improve the nutrition of the little patient, and hasten his recovery."

Myeloid Sarcoma of the Inferior Maxilla.

This little girl, six years of age, from May's Landing, New Jersey, for the last six months has been laboring under some affection of the lower jaw. She had scarlet fever three years ago, but, it was believed, recovered without sequelæ.

"This has been thought to be a case of necrosis of the jaw, which, as you know, frequently occurs, as a result of ordinary causes, acting upon a slightly depraved constitution, or one disposed to strumous disease. Where this taint is present, the slightest causes may give rise to ulceration or necrosis of the bone, as in the preceding case. I have not examined the child yet, but wish to direct attention first to the constitutional condition.

"There is a history here of toothache, and it is possible that the teeth may be necrosed too. Examining the parts, we notice evidences of disease in the teeth, gums and bone; there is a tumor here, resembling epulis. Various foreign growths may occur in this situation; the tumor may be fibroid, cystic, epitheliomatous, carcinomatous, or some form of sarcoma. It seems to extend into the body of the lower jaw, which is decidedly enlarged. There are no enlarged lymphatic glands under the jaw, so that the growth is probably sarcoma rather than cancer.

"Administering a little ether, and attempting to remove the growth, I find that it occupies the middle of the lower maxilla, under the incisor teeth, which have been displaced. The bone is reduced to a mere shell. The tumor evidently took its rise in the spongy portion of the bone, and in its development pushed aside the two layers of compact tissue. The cavity left by the removal of this growth can be packed with cotton wet with a dilute solution of subsulphate of iron. It will heal by the granulating process. I do not think it probable that there will be any bleeding of consequence.

"The tumor will be examined microscopically, and from the report we shall be able to determine whether the growth will be likely to return. Some forms of sarcomatous disease of bone are scarcely less malignant than carcinoma itself."

[Sections of the tumor, made by Dr. MacConnell, demonstrated the growth to be a myeloid or giant-celled sarcoma.]

Medical Societies.

AMERICAN PUBLIC HEALTH ASSOCIATION.

The seventh annual meeting of the American Public Health Association was held in Nashville, Tenn., commencing at 12 o'clock, noon, on the 18th ultimo, and continued in session four days. Nearly two hundred members were in attendance, and the proceedings were generally harmonious throughout the session.

President J. L. Cabell, M.D., of the University of Virginia, presided, 1st Vice President J. S. Billings, U. S. A., and 2d Vice President, Samuel Choppin, of New Orleans, sitting upon his right and left, while Dr. E. H. Janes, of New York, Secretary of the Association, occupied the clerk's desk.

After an appropriate prayer by Rev. O. P. Fitzgerald, editor of the Nashville *Christian Advocate*, and the reading of the list of members so far as they had been registered, the subject of the National Medical Library was taken up, and the committee appointed to memorialize Congress in regard to the publication of the index catalogue of the library made its report. It was shown in the report, that as a result of the memorial and personal efforts of the committee, Congress appropriated $20,000 for printing and binding the first and second volumes of the Library of the Surgeon General's office: the report recommended that the committee be continued, with instructions to urge upon Congress the necessity for providing for the completion of the work.

In adopting the order of business as laid out by the executive committee, it was resolved that, after the leading paper on each subject was read, all discussion should be limited to ten minute speeches.

Dr. E. M. Hunt, of New Jersey, chairman of the Publication Committee, reported that the publication of last meeting's transactions was unavoidably delayed, but would soon be forthcoming. Adjourned till 3 P.M.

AFTERNOON SESSION.

On reassembling, Col. Geo. E. Waring, of Newport, Rhode Island, read a paper upon "The Drainage and Sewerage of Cities," taking the position that there should be a distinct separation between the application of sewerage to the removal of domestic and manufacturing wastes and soil water, and the construction of conduits for the protection of public and private property against the action of storm water—the one a sanitary and the other an engineering measure. He believed that waste pipes should not be over 6 inches in diameter, until the contents at highest rate of flow half filled the pipe; that the sewage was better carried off in small pipes, and that it could be more readily utilized for agricultural purposes if not mixed with storm water, besides being much cheaper to construct, and easier to ventilate. He thought that perfect sanitation was more important than quarantine, as, by such measures, yellow fever would not be capable of coming into a city. He regarded this disease a minor one, and stated there were others more fatal, but which were equally preventable by proper sanitation.

A discussion of the subject was participated in by Drs. Ames, of Boston; Wite, of Milwaukee; Compton, of Evansville, Ind.; A. N. Bell, of New York; Elisha Harris, of New York; Ezra Hunt, of New Jersey; E. Lloyd Howard, of Baltimore: Col. T. S. Hardee, of New Orleans; Dr. Tadlock, of Knoxville, and Dr. Gihon, of the Navy.

Invitations were received by the Association to visit Belle Meade (Gen. Harding's stock farm, near Nashville), the Young Men's Christian Association rooms and library, and Ward's Female Seminary; and the "freedom of the wires" was tendered members of the Association by J. Compton, Esq., the Superintendent of the Western Union Telegraph Company.

The Association adjourned till 7.30 P.M.

EVENING SESSION.

In the evening Gov. A. S. Marks delivered a welcoming address to the Association, and was followed by Dr. E. M. Wight, President of the Tennessee State Medical Society, on behalf of that Society. The Mayor of the city, Thomas Kercheval, Esq., also delivered an address of welcome, after which Dr. Cabell, President of the Association, delivered his annual address, which was an exhaustive exposition of the organization and trials and hopes of the National Board of Health. This concluded the first day's proceedings.

Second Day.

The Association met at 10 A.M., President Cabell in the chair. Proceedings were opened with prayer, after which a list of new members was read and approved; an invitation to visit the residence of Mrs. Jas. K. Polk, between 1 and 2 P.M., was accepted.

The first paper of the day was prepared by Elliott C. Clark, Civil Engineer, of Boston, and read by Dr. Folsom, of that city, in the absence of Mr. Clark, the subject being "City Scavengering at Boston." The paper explains, at length, the plan adopted, which includes the removal of house effects, ashes, and dry house dirt; cleaning of streets, and street catch basins, and cleaning of privy vaults and cesspools; for each of these a special and separate provision is made, at a total cost of $340,000, for a population of 360,000 souls. The work devolves upon a committee of five members of the City Council, who control the annual appropriation and its expenditure. The superintendent of the work is appointed by the Board of Health and approved by the Mayor, and the system has been found to work well, the secret to success being that very few changes are made in the superintendent and those who do the labor. All the men employed are fitted for it by long training, the foremen having been promoted from subordinate positions, and many of the laborers having been employed for five, ten, and twenty years.

Dr. Hugh M. Thompson, of New Orleans, read a paper on the "Disposal of the Garbage of New Orleans," showing that while in former years it was used to fill up vacant lots, it is now carted on to scows and carried two miles down the river, where it becomes food for fishes.

The foregoing papers were discussed by Drs. Ames, of Boston: Brewer, of New Haven; Bell, of New York; Campbell, of Augusta; Barr, of Abingdon, Va.; Col. Waring of Rhode Island; Drs. Wight, of Milwaukee; Otterson, of Brooklyn; Hunt, of New Jersey; Durgin, of Boston; Thompson, of New Orleans; Harris, of New York; Taury, of Baltimore: and Folsom of Boston. The question of utilizing the garbage, etc., being the point at issue.

"Municipal Sanitation," by Dr. E. G. Janeway, and read, in part, by Dr. Janes, Secretary of the Association, came next in order. It suggested, with reference to construction of dwellings, that plans be filed, with application for license to build, and that the kind of material, nature of ground to be built upon, treatment of exterior of foundations, plans of plumbing, drainage, etc., should be stated. Reference was made to a new law in New York, requiring the inspection of tenement houses; also provision in regard to the building of future houses, etc. Referring to facts in the study of contagious diseases, Dr. Janeway regards limited observation dangerous, and attaches more value to isolated cases in country places than large numbers in crowded cities; he thinks it quite important to have a uniform system for collecting and publishing health statistics, and referring to the death rate, said that irregularities occurred from estimating the population, or from basing it upon the last census. A number of resolutions were offered in this paper, for adoption, looking to uniformity in health statistics, but no action was taken. Adjourned until three P.M.

AFTERNOON SESSION.

Upon reassembling Dr. A. L. Gihon, U.S.N., read a paper upon "The Protection of the Innocent and Helpless Members of the Community from Venereal Diseases, and their Consequences." The subject was ably presented, and brought out considerable discussion, which was participated in by Drs. Sternberg, of the Army; Bailhache, of the Marine Hospital Service; and Gibbs, Campbell and others; at the conclusion of which a motion was made by Dr. J. M. Keller, of Arkansas, that the President appoint a committee of three to prepare a plan for protection against venereal diseases. Adopted.

The subject of certain amendments to the Constitution was then brought up by the Executive Committee, in a report, wherein it was resolved by said committee that the Association reject the proposed amendments, and that an Advisory Committee, of which the President of the Association shall be Chairman, be nominated by the Executive Committee, for appointment by the President, to be confirmed by the Association; this committee to be constituted of one member of the National Board of Health, one from each State [Board of Health, one from each State not having a State Board of Health], and one from the medical departments of the Army, Navy, and Marine Hospital Service. This resolution was adopted, after striking out that portion included in brackets.

Dr. Hunt announced that he had received the published volume of the transactions at Richmond. Adjourned.

EVENING SESSION.

Dr. Alfred A. Woodhull, U. S. A., who was unable to attend, presented, through Dr. Hunt, an elaborate paper on the subject, "May not Yellow Fever Originate in the United States," and giving an etiological study of the epidemic at Savannah in 1876. Dr. W. claims that this epidemic did unquestionably originate in Savannah, and was not traceable to importation. He brings forward many ascertained facts, and supports his argument in a most elaborate manner, and to the entire satisfaction of those who believe in the endemicity of this disease. Even a synopsis of the paper would occupy more space than this report contemplates.

Dr. T. J. Tyner, of Memphis, followed, with an interesting paper on the "Etiology of Yellow Fever in Memphis, and Remarks on Quarantine," in which he took the position that "yellow fever originated in Memphis and other cities of America *de novo*; or, admitting that it is an exotic, I believe its spread is absolutely dependent upon some local condition;" and he believed that quarantine could only be enforced by martial law. A lively discussion of the above two papers followed, in which Drs. Early, of Kentucky; Hayes, of Florida; Wise, of Memphis, and Stillwell, of Kentucky, ranged themselves on the side of endemicity, and Drs. Elliott, of Savannah; Austin, of New Orleans; Campbell, of Augusta, and Bell, of New York, took the ground it was an exotic; and each side proved its position by a multitude of evidence and incontrovertible facts! Adjourned.

Third Day.

The Association was called to order at 9.30 A.M., President Cabell in the chair. After prayer by Rev. T. G. Jones, a list of new members was read and approved.

The election of officers of the Association for the ensuing year was then entered upon, and resulted in the choice of the following gentlemen: President, John S. Billings, U.S.A.; First Vice President, Samuel Choppin, of New Orleans; Second Vice President, R. C. Kedzie, of Lansing, Mich.; Treasurer, J. B. Lindsley, of Nashville; Executive Committee, Drs. C. B. White, New Orleans; J. L. Cabell, Virginia; E. M. Hunt, New Jersey; J. D. Plunkett, Tennessee; C. F. Folsom, Massachusetts; A. L. Gihon, U.S.N. Dr. Cabell subsequently declined, and Dr. J. G. Thomas, of Savannah, was elected to fill his place on the Executive Committee.

While the election of officers was in progress, Dr. Wm. H. Brewer, President of the State Board of Health of Connecticut, read a paper upon "Rotten Wood," and gave an account of some experiments made upon various kinds of wood, showing the amount of soluble matter they contained, and the effect of decaying wood upon health.

Invitations for the next meeting of the Association were received from Evansville, Ind., and New Orleans; the latter was accepted, the date to be fixed by the Executive Committee.

The following committee was appointed by the Chair, to devise and suggest some plan for the control of the spread of venereal diseases, and report the same at the next meeting: Drs.

A. L. Gihon, W. B. Griffith, J. M. Keller, Sternberg and P. H. Bailhache.

Dr. J. D. Plunkett, President of the State Board of Health of Tennessee, read a paper upon "Cotton as a Fomite," in which he took the ground that it was capable (ginned or unginned) to absorb or imbibe pestilential virus, and gave the names of many prominent authorities on the subject, adding that "the recognition of cotton as one of the class of extra hazardous fomites is well nigh universal, as its capacity to transmit or communicate yellow fever, or other infectious diseases, has, up to this time, scarcely been questioned."

Dr. G. B. Thornton, President of the Memphis Board of Health, read a very interesting paper upon the "Memphis Yellow Fever Epidemic of 1879." After stating that the question of importation or of local origin of the disease is not definitely settled by the resident profession, and adding that he is unable to satisfy himself as to the date and exact locality of the first case, he goes on to say that in every previous epidemic no trouble exists in tracing it to importation. He then gives a history of the epidemic, and of the condition of the city, doubting the prevailing opinion that the vaults, etc., gave virulence to the disease, and rather favoring the idea that it was the result of last year's visitation.

Adjourned till 7.30 P.M., there being no afternoon session, as the Association had accepted an invitation to visit Belle Meade.

EVENING SESSION.

Dr. Henry F. Campbell, of Augusta, Ga., read a paper on the "Yellow Fever Quarantine of the Future," and stated, while he at first disliked the idea of a national or "central" quarantine, yet he now believed it to be imperatively demanded, and that a national quarantine against yellow fever was the quarantine of the future.

A discussion of the paper followed, participated in by Drs. Holliday, of New Orleans; Dake, of Nashville; Thornton, of Memphis; Rauch, of Chicago; Thompson, of Memphis; Bell, of New York; Waterfield, of McKenzie; Harris, of New York; Hargis, of Pensacola; Clapp, of Memphis; Taney, of New Orleans; Hunt, of New Jersey; and Peters, of New York. The discussion took a very wide range, covering not only the question of quarantine, but all known and some unknown theories of contagion, infection, etc., and only proved, as was stated by Dr. Taney, of New Orleans, that, "from the earliest times to the present day, there has been no progress made in positive knowledge, or anything settled in regard to yellow fever and how to quarantine it." Adjourned.

Fourth Day.

The Association was called to order at 10 A.M., President Cabell in the chair. After prayer by Rev. F. A. Shoup, the list of new members was read and approved. The Treasurer's report was referred to an auditing committee, composed of Drs. Smith, Bell, and Elliott.

The following papers were read by their titles, and referred to the Publishing Committee: "Post-mortem Examinations and their Relations to Public Health," by Dr. E. G. Janeway, of New York; "Action of Vegetable Acids on Tin," by Prof. Chas. E. Monroe, U.S.N.; "Water Supply," by J. Chandler, of Memphis; "International Quarantine," by Dr. B. W. James, of Philadelphia; "The Most Effective Way of Preventing the Spread of Venereal Disease," by the same; "On Sanitation of Nashville," by J. B. Lindsley, M.D.

Dr. R. G. Jennings, of Little Rock, read a paper on "Quarantine and its Results in the State of Arkansas, in 1879," in which he gave a history of the precautions taken, and concluded by saying that "no other inference can be drawn but that a thorough system of quarantine, rigidly enforced, guarantees a certain degree of protection, if not exemption, of the people from the visitation of yellow fever, proportionate to the vigilance of the officers and guards who are charged with the enforcement of its regulations."

Dr. D. C. Holliday, of New Orleans, made a report from the Committee of the New Orleans Medical and Surgical Association, on the subjects submitted by the Executive Committee of the Public Health Association, covering the points: 1. How to deal with a city in the yellow fever zone; 2. How to prevent the importation of a first case; 3. How to deal with a first case; 4. The duty of local boards to report such cases, even though doubt exists as to diagnosis; 5. Relative to moving unacclimated population from an infected place; 6. Measures of isolating dangerously infected places; 7. Organizations for relief and treatment of the sick; 8. Measures of preventing spread of the disease by railroads, including management of transfer stations; 9. Inspection of steamboats, and should stations be established by the National Board of Health? 10. Result of the coöperation given by said Board. The report was satisfactory to the Association and very flattering to the National Board.

Col. John F. Cameron, of Memphis, read a paper upon "Camps and Depopulation of Memphis, Epidemics of 1878-9," giving a description of the camps, and the manner of conducting them.

Dr. A. N. Bell, of New York, read a paper upon "Steamboat Inspections," illustrating his remarks with drafts of the holds of various kinds of vessels, and showing how the filth collected between the "ribs" of the vessels, from the keelson to the deck.

A number of preambles and resolutions were then presented by the Advisory Committee, eulogistic of the National Board of Health.

The subject of yellow fever at New Orleans in 1879, and the enforcement of quarantine, were discussed, during which Dr. Jerome Cochrane suggested the following "problems of yellow fever." 1. That yellow fever was the product of specific poison. 2. That the poison was something introduced into the person. 3. That it was material. 4. That it could be carried from place to place and give rise to outbreaks of fever where it had not previously existed.

President Cabell announced the appointment of the Advisory Committee, as follows:—

Alabama, R. D. Webb. California, Dr. Henry Gibbons. Florida, Hon. S. C. Cobb, Pensacola. Georgia, Dr. H. F. Campbell. Illinois, Dr. J. H. Rauch. Indiana, Dr. J. F. Hibberd. Mississippi, Dr. Wirt Johnston. Louisiana, Dr. D. C. Holliday. Maryland, Dr. James A. Stewart.

Massachusetts, Dr. Azel Ames. Pennsylvania, Dr. Henry Hartshorne. Ohio, Dr. T. C. Minor. Missouri, Dr. Homan, of St. Louis. Rhode Island, Dr. E. M. Snow. Tennessee, Judge J. W. Clapp. Virginia, Dr. L. S. Joynes. Michigan, Dr. H. B. Baker. West Virginia, Dr. James E. Reeves. District of Columbia, Dr. Toner. New York, Dr. Elisha Harris. North Carolina, Dr. J. F. Wood. South Carolina, Dr. C. W. Chamberlain. New Hampshire, Dr. L. F. Conn. Vermont, Dr. H. D. Holtar. Texas, Dr. Rutherford. Wisconsin, Dr. E. L. Griffin. Minnesota, Dr. C. N. Hewitt. New Jersey, Hon. L. Lilly. Arkansas, Dr. A. L. Breysacker. Kentucky, Dr. Pinckney Thompson. Delaware, Dr. Bush. United States Army, Dr. McParlee. United States Navy, Dr. B. F. Gibbs. National Board, Dr. Stephen Smith. Commissioner of Education, General Eaton. Adjourned.

AFTERNOON SESSION.

The Treasurer's accounts were reported correct by the Auditing Committee, and turned over to his successor.

The conflicting theories of quarantine and the isolation of Yellow Jack occupied the afternoon session, and the most diverse opinions were expressed. Hon. E. E. James, of Chattanooga, covered the subject, when he said: "From the conflicting opinions of the many gentlemen so distinguished in medical and sanitary science, I have been convinced that yellow fever is epidemic, endemic, exotic and indigenous, foreign and domestic, climatic and anticlimatic, national and international; and so believing, I am in favor of that government having the longest purse and greatest power taking charge of it." Adjourned.

EVENING SESSION.

The committee appointed last year to distribute money to the widows and orphans of physicians who died during the epidemic, reported that no action had been taken, as no cases requiring relief had been brought to their notice, but that Dr. Peters, of New York, had collected and distributed money in that direction. Dr. Peters stated he had acted as agent of the Medical Association of New York, and that a considerable sum had been distributed, but that the Society did not wish to become the head centre and distributor of such a fund, but desired each State should look after its own needs.

The discussion of the resolutions laudatory of the National Board of Health, offered at the morning session, consumed the remainder of the evening, and were finally adopted, after which the usual resolutions of thanks were passed, and the Association adjourned, to meet in New Orleans at a date to be announced by the Executive Committee.

The following are the preamble and resolutions referred to:—

WHEREAS, The National Board of Health has, in accordance with the law which created it, requested the advice of the American Public Health Association regarding the form of a permanent national health organization of the United States, including its relations to quarantine, both maritime and inland, and,

Whereas, The opinions of the Advisory Council of the Association, upon the subject of health legislation, collected and presented to this body through Dr. J. M. Toner, Chairman of the Council, have been duly considered; therefore,

Resolved, 1. That in the opinion of the American Public Health Association, the present National Board of Health has been of such vast service to the country that it is not expedient to make any essential change in its organization, and that any minor improvement in details should be left to the Board itself.

2. That the investigations which have been commenced by the Board are approved and should be continued, and that similar investigations should be undertaken by it into the consideration and prevention of other diseases, as well as yellow fever.

3. That Congress should appropriate sufficient funds to enable the Board to employ the best talent and apparatus in such scientific and practical inquiries.

4. That the operation of the existing quarantine law, and of the rules and regulations prepared by the National Board of Health on that subject, have accomplished great good, and that no change in the law should be made without the most careful and serious consideration.

5. That in the opinion of this Association, the execution of the quarantine laws of the United States should be under the direction of the National Board of Health and of an executive committee to be selected by that body.

6. That this Association has no suggestions to make with reference to any amendments to existing legislation in regard to quarantine, preferring that they should come from the National Board of Health, as the most competent body to advise whatever may be best.

7. That it is expedient for the National Board of Health to call an international congress for the discussion of the very important subjects of international sanitary quarantine, etc.

8. That it is the duty of the General Government to build, equip and conduct, at the mouth of the Mississippi river, a quarantine station, at such a place as may be designated by the National Board of Health.

9. That the Secretary of this Association be instructed to forward to the National Board of Health a certified copy of these resolutions, together with the reports and documents of the Advisory Council, and that the Executive Committee be instructed to take such action, during the next session of Congress, as may seem best suited to promote legislation in accordance with these resolutions.

Dr. Folsom also read the following resolutions, but said that, as the points contained in them were included in those of the Advisory Committee, they were not recommended for adoption:—

By Judge J. W. Clapp, of Memphis: Whereas, the appearance of yellow fever as an epidemic in Memphis, Tenn., during the last two summers, has created an apprehension that the ill-fated city may continue to be visited by this scourge, the effects of which extend far beyond the infected locality, and assume national importance, not only as regards the public health and safety, but as affecting our inter-State commercial relations; Therefore,

Resolved, That this Association recognizes the fact that the sweeping epidemics which have occurred in Memphis during the past two summers have been of such a character that they are no longer local in their bearings, but *national*; therefore, it is respectfully urged upon Congress the early consideration of measures looking to the prevention of similar epidemics at that point.

By Dr. Gibbs, U. S. Navy: Be it resolved by the American Public Health Association, that it shall be the duty of the National Board of Health to designate, for the information of the President of the United States, such foreign ports as shall, by said Board, be deemed infected, in the sense that all vessels arriving from the same into the seaports of the United States, shall be subject to quarantine laws. The previous sanitary history of said foreign ports, based upon consular and other information, shall be considered by the National Board of Health in designating such infected ports or localities.

Be it further resolved, that it shall be the duty of the President of the United States, upon being so advised by the National Board of Health, to cause a general proclamation to issue, in which a list of such ports and localities shall be declared infected in their commercial relations with the seaports of the United States for a period of six months, viz.: from the first day of May until the first day of November.

Editorial Department.

Periscope.

Carbonate of Ammonia in Suffocating Disorders.

In the *Medical Biweekly*, Dr. B. H. Riggs speaks favorably of this agent in the suffocative stages of bronchitis of the smaller bronchial tubes (capillary bronchitis, or suffocative catarrh of some authors), and of pneumonia, given in large doses and at short intervals. It is especially useful in these pulmonary complications of the exanthemata. He says:—

My attention was first called to the use of this agent in these disorders by Dr. J. P. Thomas, of Pembroke, Ky. His valuable suggestion has stood me well in hand on some trying occasions. Once, I remember, a fond father came to my office, barely able to articulate, from distress, and asked me to go to his house immediately, as he believed his little son was dying. I had seen the infant, of six months of age, late the preceding afternoon, and had prescribed a purgative dose of castor oil, to be followed by a muriate of ammonia expectorant mixture, the hot foot bath and derivatives to the chest. Early next morning this hasty summons came, and I repaired to the house to find the child suffocating, drowning, from pulmonary engorgement; his head thrown back and spinal column bent backward like a bow, to take pressure off the chest; the face pallid, with a purplish tinge to the cheeks; lips white; nostrils distended; eyes of pearly whiteness; finger nails purple; respiration rapid and panting, and pulse quick, frequent, and feeble; temperature in the axilla, 105°. Here was a case of pulmonary congestion, resulting from acute bronchial catarrh of the smaller bronchial tubes. The treatment adopted to relieve this child was attended with marked success; he is now hearty and well, over fourteen months after his attack. I gave him, a child six months old, two grains of ammonia carbonate, dissolved in water, every two hours, in doses of two grains every thirty minutes' interval, the hot mustard foot bath every two hours, and repeated mustard plasters to the chest. In order to give an infant of this tender age two grains of carbonate of ammonia every two hours, I have found it best to give it in this way: Send to the drug store your prescription for a solution of two grains to the drachm, and direct the attendants to put one teaspoonful of the solution in a wineglass, and add three spoonfuls of pure water thereto, and give the child one teaspoonful of this weakened solution every thirty minutes, by the watch; thus you get the two grains every two hours.

In these distressing cases there is much satisfaction to be obtained by giving the remedy in this way. It is hardly ever necessary to give it longer than twenty-four or thirty-six hours in this way, as this stage of the disease rarely lasts longer than twenty-four hours.

In the congestive stages of acute bronchitis and pneumonia of adults the remedy acts equally well. The average dose for the adult is twenty grains, dissolved in water and taken every two hours. Twenty grains to the tablespoonful of water, added to a wineglassful of water, is not an unpleasant dose.

Posterior Parietal Engagement of the Fœtal Head.

The following, translated from an article by Dr. J. Veit, is taken from the *American Journal of Obstetrics*:—

The diagnosis of this presentation is tolerably simple; the presence of the sagittal suture close behind the symphysis, or the mere existence of a wide expanse of bone (the posterior parietal) without suture at the os uteri, will strike any careful observer. The slighter grades, however, are not so easily recognized, but in such cases an error is not of so much practical importance.

The therapeutical expedients are, rectification, forceps, expectancy, craniotomy and version. The author never succeeded in rectifying the position; even in those of his cases which ended spontaneously, the result was not at all aided by attempts to assist rotation. Rectification must consist either in improving the attitude of the head while yet it is movable above the brim, or in hastening the natural process of engagement. For the former, the manipulation must be essen

tially external; the abdominal wall should be lax, the labor should not have lasted long, and the pains should be moderate. Prolonged attempts of this sort may lose us the favorable moment for version. The second method is more likely to succeed. Backward pressure may readily be made upon the prominent sagittal border of the posterior parietal bone, prominent on account of the great overriding which takes place; but such pressure either fails of the purpose, from the fact that the pains restore the head to its previous attitude, showing that something else is necessary to the engagement than a mere backward movement of the sagittal suture; or else it succeeds at once, producing full engagement, as perhaps the next pain alone would have done. In short, the first method is to be recommended only when the pelvis is exceptionally roomy, the os uteri comparatively small, and the diagnosis made positive early in the labor; the second method is worthy of trial before applying the forceps, and *a fortiori* before craniotomy.

The forceps is to be avoided so long as the abnormal attitude persists, so long, therefore, as the head has still to undergo rotation. After the latter has been accomplished, there is no further objection to the forceps.

In well-marked cases, where the os uteri is sufficiently dilated, version would always be indicated, were it not for the danger of causing rupture of the uterus, by any intrauterine operation, in cases of distention of the lower segment —a danger which is much increased if the distention be unilateral. The indication for version is therefore limited. It should be done early in labor, before the above-mentioned distention has become excessive—never when the latter condition has supervened, even if the os uteri be well open.

Perforation may be resorted to, in the mother's interest, in cases where version is contraindicated, but it should not be performed until the mother's condition plainly demands it.

Indications from the Fœtal Cardiac Pulsations.

In an article in the *American Journal of Obstetrics*, October, Dr. Paul F. Mundé says—

The therapeutical indications to be derived during labor, from irregularities in the fœtal cardiac pulsations, are exceedingly simple. During the normal uterine contractions or labor pains, the placenta is compressed and its circulation more or less interfered with, as long as the pain lasts: naturally the fœtal heart is affected thereby, and its pulsations become, for the time, faint or diminished in frequency, to regain their normal strength and rhythm as soon as the disturbing compression ceases. From this normal intermittent irregularity the fœtus in no wise suffers; should the uterine contractions, however, become so severe, constant, or rapidly recurrent as to continue this depression of the fœtal circulation for some length of time, the fœtal heart sounds do not regain their normal power and rapidity, but grow fainter and fainter, and more and more irregular and infrequent, until they finally cease entirely. This is apt to be the case in the spasmodic condition known as tetanus uteri, and after the use of large doses of ergot during the second stage of labor. The indication to check the excessive contractility of the uterine muscular fibres by narcotics and antispasmodics, and if unsuccessful therewith, to effect the delivery of the child as rapidly as possible, if its life would be saved, is urgently imperative. Further, any constant and increasing irregularity of the fœtal pulsations, during a severe or tedious labor, where the head is subjected to severe and lasting pressure, will demand the speedy extraction of the child, as does also a non-reducible prolapse of the umbilical cord when the child is still alive and its heart shows signs of failing. As the fœtal heart is the evidence of the life and health of the fœtus in utero, it is evident that it should be carefully watched by repeated examinations during every labor, in order to detect and remedy any danger to the child as soon as it occurs.

Hyoscyamine in Epileptic Excitement.

In an article in the *Lancet*, on this alkaloid, Dr. Prideaux writes:—

In the excitement incidental to the epileptic status, hyoscyamine is preëminently useful. It both controls and diminishes the excitement, which is often most furious in its nature, it restricts the time over which it extends, and greatly lessens the number and frequency of such attacks. The following case affords an illustration of the change it produces:—

M. K., a female, forty-six years of age, suffering from epileptic mania of sixteen years' duration. She had attacks of the most violent excitement, lasting about a fortnight, which recurred every three or four weeks, and she was indeed seldom free from them, except for a week or ten days in every four or five weeks. During these attacks she was the terror of the gallery, and frequently was obliged to be secluded during a great part of the time. She would attack any one on the slightest provocation. Her habits were disgusting in the extreme. She would eat her own excrement and drink her own urine, while she had not the slightest regard for decency; tore her clothing to shreds, and her conversation was filthy. She had delusions of various kinds at this time. These conditions of excitement sometimes culminated, though not always, in a succession of fits. About nine months ago, at the commencement of one of her attacks of excitement, she was ordered one-sixteenth of a grain of hyoscyamine three times a day. The effect of the first doses was complete bodily prostration, with all the symptoms of the physiological action of the drug, and entire arrest of the excitement, which, however, returned if the effects were allowed to pass entirely off before a repetition of the dose. She took the medicine (increased to one-eighth of a grain when a certain amount of tolerance was established) for about a month, when she had a violent attack of vomiting, lasting some days, which, however, quickly subsided when the medicine was omitted. A few weeks afterward she was once more threatened with an attack, but a reëxhibition of the hyoscyamine warded it off. On this occasion, also, after persevering with the medicine for some weeks, another attack of vomiting took place. During the past nine months she has only had three

attacks of excitement, which the use of the drug has not entirely warded off; each attack lasted only a few days, and was of a very mild character, so much so that it was remarked by those around her how much she had changed, and what a relief it was. During the whole of this period it was usual to commence giving her one-sixteenth of a grain on the first appearance of the symptoms of excitement; first once a day, gradually increasing to one-eighth of a grain three times a day. At first she was obliged to recur to the medicine every few weeks, and continue for a week or a fortnight, but the periods intervening between the appearance of symptoms of excitement have gradually lengthened, and the last interval has extended over nearly three months, while, after a few doses, she reassumes her natural condition. During the times when she is taking the drug her pupils are fully dilated, and she complains greatly of the dryness of the throat and tongue, and there is frequently some degree of incoherence in the speech. The drug always acts very rapidly, dilating the pupils to their fullest extent, in a short time. There is no doubt but that the drug produced the attack of vomiting, which invariably took place if she continued its use for three or four weeks three times a day; but, beyond the inability to retain food on the stomach for about forty-eight hours, it produced no ill effect. This condition has occurred in several other cases after the continued exhibition of the drug; but it has never produced hæmatemesis, although two such cases are recorded.

Resection of the Elbow Joint.

M. Ollier, in a paper at the French Association, on this procedure, gave the following as the indications for the operation: In young children the operation must be performed only in exceptional cases, because at their age nature possesses exceptional resources, and a case of arthritis in a child is almost always successfully treated by maintaining the limb in an immovable posture, cauterizing it, improving the hygienic surroundings, and regulating the diet. In older children and in adults who are not yet twenty-five years old, it is advisable to perform the operation at once, for the following reasons: 1. The articulation, as a rule, forms again. 2. The patient in most cases gains a strong and healthy member instead of the diseased one, especially if the olecranon afterward grow. 3. Speedy recovery. When the patients are older than twenty-five, it is better not to act rashly, as there is reason to fear that the new articulation may be weak, and consequently useless.

A peculiar diathesis does not necessarily constitute a counterindication to the operation, unless the patient's health has been seriously affected by it. M. Ollier has performed resection of the elbow-joint on a tuberculous woman, who had cavities in the lungs, but this is an exceptional fact. It seems, however, as if in a tuberculous patient the resection of the elbow seemed temporarily to arrest the progress of the pulmonary affection. He held that the operation ought to be performed in all cases of suppurative arthritis. In cases of fungous arthritis, he thought it better not to operate as long as one might hope to preserve the diseased articulation; if this hope failed, he allowed himself to be guided by the patient's age.

Experiments on Disinfectants.

In a recent pamphlet by Dr. J. L. Notter, of the British Army, he relates a number of experiments with various disinfectants.

The facts ascertained (*i. e.*, the results) may be thus simply stated in relation to the agents experimented with:—

Carbolic acid subdued the offensive odor, while the activity of the quite free bacteria is persistent, though diminished.

Chloride of lime destroyed the putrefactive odor and the bacteria themselves, no free bacteria being visible.

Permanganate of potash (Condy) presented similar microscopic characters, but the bacteria seemed to elongate, and torulæ were developed.

The terebene preparations destroyed the odor and precipitated the bacteria in flaky masses, but left some free, isolated, and almost motionless ones in the field.

Very similar characters were presented by M'Dougall's disinfecting liquid—the odor being affected to a very small extent, while the activity of the bacteria, though very slightly diminished, is persistent in the interspaces; while some are precipitated, others appear in the zooglœa form.

Burnett's fluid acted similarly, but a very slight odor remained.

This abstract may possibly assist medical men, and others, to a satisfactory choice of some disinfectant.

Traumatic Tetanus Successfully Treated with Atropine.

A case of this, in the London Hospital, under the care of Mr. James Adams, is given in the *Lancet*. It was of a blacksmith, wounded over the right eye. The tetanic spasms affected the muscles of the abdomen and back and the flexors of the legs; the chin was drawn down to his sternum, the teeth could not be separated more than a sixth of an inch, and the facial muscles of the left side frequently twitched. No contractions ever occurred on the side of the facial paralysis. The spasms of the spinal muscles were the most intense, so that he had opisthotonos, which lasted with varying degrees of intensity throughout.

Immediately on admission (Jan. 7th) the treatment was commenced by injecting one-sixtieth of a grain of atropia under the skin every four hours. By the 19th the jaws could be opened sufficiently to allow him to take fluids freely from a feeder (he having been previously fed by a tube), but otherwise the spasms were no better. On the evening of the 20th he was delirious; pupils not dilated. He was very violent in the night. Next morning he constantly moved his arms, and seemed to think he was working at his trade. In the night there had been marked opisthotonos, and the house surgeon gave the usual injection of a sixtieth of a grain of atropia, repeating it in two hours, after which he was much quieter. In the periods of remission his abdominal muscles became more relaxed, but toward

evening the symptoms increased in severity; about 6 P.M., and at 10 P.M. the spasms were very severe; temperature 104°. The injections were given at 6, 8, and 11 P.M.

On the morning of the 22d he was much quieter. Temperature 100°. The muscles were still rigid. At 4 P.M. one-fifteenth of a grain of atropine was injected. At 11 P.M. the temperature had risen to 103° F. There was marked increase in the frequency and severity of the spasms. Again a fifteenth of a grain was injected, after which he was quiet for an hour. Later on he became restless, the spasms increasing, and attended with marked opisthotonos. The pupils were not dilated. A fifteenth of a grain was again injected, being three hours after the last. Temperature 105°. Next morning the patient was still restless, and had low muttering delirium and picking at the bedclothes. The pupils were dilated. Temperature 103°; pulse 120; respiration 36. He answered incoherently. The muscles were still rigid, but with much fewer and slighter exacerbations. Altogether, one-third of a grain had been injected within the previous twenty-four hours. Atropine was discontinued.

From this time no more atropine was used. The delirium passed away in a few days. At first the tetanic spasms appeared to increase in severity, but it soon became apparent that the patient was slowly improving. The abdominal muscles, as usual, were the last to relax, but at the end of three weeks the man was practically well.

The Apex Beat of the Heart.

According to Prof. Filehne and Dr. Penzoldt, of Erlangen (*Centralblatt Med. Wiss.*, Nos. 26 and 27, 1879), the usually accepted view, that the apex beat is due to a systolic downward and forward movement of the heart to the left, is false. By their experiments on animals (rabbits, guinea-pigs, and dogs), they believe they have proved that this phenomenon, systolic in point of time, is due to a change in form of the contracted heart, by which it rotates *to the right* and moves *upward and forward*. They explain the difference between their conclusions and those of former observers, Skoda, Bamberger, and others, by the latter having confused systole with diastole, owing to the rapid movements of the heart. Their own method of experimenting is exceedingly ingenious, and obviates this difficulty. After exposing the heart, they irritate the peripheral portion of the vagus nerve, and so diminish the number of cardiac pulsations. The movement which now first occurs after the interval between two pulsations is undoubtedly systolic, and that which immediately follows the first, and is itself succeeded by an interval of rest, is diastolic. By simultaneously irritating the central end of the pneumogastric nerve all disturbance of the experiment by respiratory movements is temporarily abolished. By such observations as Drs. Filehne and Penzoldt have as yet been able to make on the human subject, notably in a woman with exposed heart following pneumothorax, they believe what is true of the above-named animals is true also of man.

Wolfe's Operation for Cataract.

The *London Medical Times and Gazette* states that Dr. Wolfe's method of obviating the risk of failure in cataract extractions is thus noticed in the current number of the *Centralblatt für Practische Augenheilkunde*. In cases of infantile cataract, Dr. Wolfe opens the capsule, and two or three days later he removes the softened lens with a broad needle, rendering, thereby, the use of pumping instruments unnecessary. In senile cataract he makes, two or three weeks before, a narrow iridectomy downward, in such a manner as not to interfere with the ciliary border of the iris. For the removal of the lens he uses speculum, forceps, and Graefe's knife, with which he opens 1‴ more than the third part of the corneal circumference at its scleral border, leaving a narrow bridge. Speculum, knife, and forceps are then put aside, the capsule is opened, the bridge divided with a very small cornea knife, and the cataract removed by soft digital pressure. The use of chloroform is avoided. Traumatic cataracts, when *in situ*, are treated in the same manner: when dislocated forward, they are extracted without iridectomy; when luxated backward, they are brought into the anterior chamber and then removed. We recently had an opportunity of witnessing the elegant performance of this operation, and convincing ourselves of the safety of the method.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Roswell Park, of Chicago, in a neat reprint, presents a conspectus of three different forms of acute inflammatory cardiac disorder, to wit, endocarditis, myocarditis and pericarditis.

——Laryngeal syphilis is the subject of a reprint by Dr. Ethelbert C. Morgan, of Washington, D. C., in which he especially gives the methods of Prof. Johannes Schnitzler, of Vienna, to whom he has recently been assistant.

——The *Proceedings* of the Pennsylvania Pharmaceutical Association contain the Constitution, By-Laws and minutes of the meetings of the Association, and several volunteer papers. An interesting one is a contribution to the history of poisons, by Prof. H. G. Debrunner. Much of it is concerned with the poisons of "the subtle Venetians." Mr. G. W. Kennedy describes the Aspidium Marginale, an indigenous tænicide of considerable efficacy. The value of such an association of intelligent pharmacists will be apparent, and it were well for those in all States to form such connections.

THE

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D. G. BRINTON, M.D., EDITOR.

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THE RELATION OF THE DISEASES OF ANIMALS RAISED FOR FOOD TO THE PUBLIC HEALTH.

As Americans are decidedly a meat-eating people, it behooves them to look closely to the quality of the meat they eat, and acquaint themselves with the result of consuming that which is from unhealthy animals. It is well known that veterinary science in this country is in its infancy, and that public sanitary science is hardly born, at least, in most States of our Union. With all this, hardly a country in the world suffers more from epidemic and sporadic diseases among its animals raised for food. American pork has a bad repute for its trichinæ, and American cattle for pulmonary degradation.

Malignant pustule is not unfamiliar to our stock raisers; and it is worth while quoting an instance to illustrate the disastrous results of consuming the flesh of an animal which was killed while suffering from it. It was an ox, and the account is contained in the *Revue des Sciences Médicales*, for July last. Two hundred and thirty-three individuals were taken ill with violent headache, vomiting, diarrhœa, colic, and syncope. Eight of the patients have since died. Ninety-four persons partook of raw meat: of these, thirty-eight became seriously ill; twenty-nine presented milder dangerous symptoms: and four died. Of fifty individuals who ate the meat stewed, one was dangerously ill, four were less seriously so, and forty-five presented only slight symptoms of poisoning. Thirty persons were taken ill after eating sausages which had been prepared with the blood and liver of the diseased animal; four of these were very seriously ill, three seriously, and twenty-three only slightly indisposed; two died. Twenty-seven individuals ate the meat roasted; eight of these were very ill, and nineteen only indisposed. Three persons were poisoned by partaking of smoked sausage; two of these were dangerously ill. The same meat, salted and then boiled, only produced slight symptoms of indisposition in two individuals.

Not less serious are the results from trichinous pork. A number of cases of poisoning from that source have been recorded during the last half year; several by Dr. WM. MADDEN, in the *Proceedings* of the Kings County Medical Society; five by Dr. E. P. GILPIN, in the *American Practitioner*, of which two were fatal; while in the *Medical Record* Dr. WENDT has shown that a chronic affection of the muscular system can be traced to the same cause. Not less frequent has it been abroad. According to the official documents analyzed by Mr. EULENBERG, there were, in 1877, 172,800 cases of trichinized pork in Prussia. In the district of Stettin ninety-eight cases of disease were observed in man, of which fifty-four occurred in the city of Stettin itself. In the district of Mersburg three small epidemics of trichinosis were observed in villages. Generally, the meat had been consumed slightly smoked, but uncooked. At Hoxter, Westphalia, there were fifty-two cases. To prevent the country from being literally invaded by trichina, the Government has been obliged to have recourse to very energetic measures, requiring every pig which is slaughtered to be certified by an expert

to be free from trichina, after microscopic examination of a portion of muscle. This work is rather severe, and falls rather hardly upon the district medical officers, of whom one alone asserts that he was called upon in two days to examine 503 hams, three tons of lard, and 46 pigs.

It is gratifying to note that the dangers from this source are not overlooked by our medical bodies. For instance, we note that at a late meeting of the Michigan State Board of Health a communication was presented from A. J. MURRAY, veterinary surgeon at Detroit, relative to "cattle diseases in Michigan," and their relation to public health; also, a part of a letter from a member of the National Board of Health, on a similar subject. These communications were referred to the new standing committee on "diseases of domestic animals as relates to public health," a committee from which we hope a full and careful report will be forthcoming in time.

The interest of the National Board of Health in the subject will, no doubt, be fruitful of good results. It has the facilities for thorough investigations, and will, doubtless, apply them, with excellent advantage to the people.

LEGISLATION FOR INEBRIATES.

There is in England a "Society for Promoting Legislation for the Control and Cure of Habitual Drunkards." Its objects are to secure the enactment of statutes under which confirmed and habitual drunkards can be sent, by municipal and other local authorities, to "retreats," or institutions especially designed for this class, where they will receive regular and appropriate treatment.

The objections which have been urged to these aspirations are that such enactments encroach on individual liberty, which is so dear to all English speaking people; that they would be liable to abuse, for the sake of gain; that they involve the maintenance of large and costly institutions; that confirmed inebriates are almost never really "cured" by treatment in such institutions; that owing to domestic inconveniences such laws would be but partially taken advantage of; that drunkenness is a moral perversity, and ought to be met by moral and religious teaching rather than physical restraint; that the diagnosis of "habitual drunkenness" is vague and uncertain; and the like.

It is not worth while to do more than mention these various objections. Their consideration is occupying the attention of specialists of this branch in most civilized countries. The importance of taking some active steps to foil "the demon intemperance" is very generally recognized.

There are not wanting enlightened and thoughtful men in this country who have espoused the cause with enthusiasm; and were the powerful temperance organizations which flourish among us enlisted in the struggle, we should not wait long to see such enactments spread on the statute books. The editor of the *Quarterly Journal of Inebriety* says, in his last issue—

"The time has come for an intelligent recognition of all the means of relief. Every town and city is menaced by an army of inebriates, who are rushing down to ruin, breaking up all order, morals and industry, and leaving entailments of disease and degradation that centuries cannot eradicate.

"The great principle of self protection must be recognized practically in this statement, that whenever a person habitually fails to exercise self-control in the use of alcohol and other narcotics, he is either a dangerous person or a public nuisance. It is the duty of the authorities to take care of such men, to protect them and society from the consequence of their excesses. They should be isolated in asylums, the same as in cases of infectious diseases, and if to this can be added means of self support, it is demanded, as a measure of the highest wisdom and economy to all.

"Inebriety must be regarded as a physical disease, if we would understand the hidden forces which govern its march along the lines of civilization."

This last sentence is not quite clearly expressed. In physical diseases we do not forcibly shut up patients; rather let us say that the inebriate suffers from a mental disease, that he is of alienated mind, in the eye of the law, *non compos mentis*. True enough, that advanced alienists claim mental disease as merely a sign of cerebral pathology; but we now use terms in their ordinary and legal senses.

As a dangerous person, the confirmed drunk-

ard should be isolated, less for his own benefit than for the safety of those around him, less as a means of promoting temperance than for the protection of the social state. The excuse for every violent encroachment by government on individual liberty, it must always be borne in mind, is not "to make an example," nor to reform, but solely to protect the well doing in their legitimate pursuits. As the occasional inebriate, when "drunk and disorderly," is forthwith shut up in the station house until he grows sober, so the constant inebriate, who is drunk and more or less dangerous substantially all the time, should, with like legality, be put behind the bars for a much longer time. Take the instance of a woman, a girl, or a wife and mother who is an habitual sot; what disgrace and destruction to herself and her family she may work! Yet no one has the strict legal power to remove her from the temptation she cannot resist. If she is of good family, a point will be stretched, and she will be sent to a private asylum, on a certificate of insanity; but if poor, she will drag down with her all her family. What physician of extended practice cannot recall various examples of this kind? They call loudly for action by the properly constituted authorities.

Notes and Comments.

Therapeutical Notes.

TO RELIEVE ITCHING.

R.	Acidi carbolici,	gtt. x
	Glycerinæ,	℥ j
	Aquam, ad	℥ j. M.

Sig.—To be used in an atomizer, five minutes at a time, several times daily.

This is used by Dr. Rigant, of Paris, in itching from all causes, in lichen, eczema, prurigo, etc., and with very general success wherever the irritation is nervous rather than mechanical.

FOR EXTERNAL PILES.

R. Unguenti gallæ comp.,
Extracti belladonnæ, ãã equal parts, M.

Dr. David Yonng, of Florence, says, in the *Practitioner*, October, that of all the plans which he has adopted, none have yielded such satisfactory results as the following, viz.:—

To bathe the part thoroughly with water, as warm as can be borne, together with the free use of Castile soap, and afterward to apply the above ointment. The operation must be repeated every three or four hours, till the pain subsides. Usually the first application gives great relief. Without the previous bathing with soap and warm water the application of the ointment is of little service.

ENEMA FOR DYSENTERY.

When ipecacuanha cannot be given by the mouth, Surgeon W. G. King says, in the *Lancet*, he has derived the greatest advantage from the following:—

R.	Bismuthi subnitratis,	℈ ij
	Tinct. opii,	♏ ss
	Pulv. ipecac.,	℈ ij
	Mucilaginis,	℥ iij. M.

Sig.—For an enema, to be thrown up after first gently cleansing the bowel by an enema of lukewarm water.

PICROTOXIN IN NIGHT SWEATS.

In doses of $\frac{1}{120}$ to $\frac{1}{60}$ of a grain, Dr. William Murrell found picrotoxin to arrest the night sweats of phthisis, in nineteen out of twenty cases. He gave the dose mentioned in simple aqueous solution, at bedtime (*Practitioner*, Oct., 1879).

How to Select a Hypodermic Syringe.

The following advice on the selection of a hypodermic syringe is given by Dr. W. S. Greenfield, in the *Lancet*:—

First of all, to fulfill all the conditions, it is essential that the needles should be fine, with a grooved and very sharp point, that they should be made of polished steel, and that they should be kept well tempered and scrupulously clean. The syringe should be rather large, made of glass, with metal fittings, and the piston always well soaked. The junction of the needle with the syringe must be thoroughly air-tight. It is essential that the operation of puncture should be as nearly as possible painless, that we may be able to tell the patient that it is less than a pin prick, and justify our statement. The needles should not be less than one and a quarter, nor as a rule, more than one and three-quarter inches in length. The diameter should not exceed one millimetre. These details are not unimportant, for a very large number of common hypodermic syringes do not fulfill these indications, and they are essential if the pain is to be reduced to a minimum. Where it is desirable only to remove a moderate quantity of fluid, from one to one and a half ounce (even a smaller quantity may sometimes be removed in empyema of infants with advantage), one may employ a larger syringe, holding about an ounce, which is screwed on to the needle *in situ* after screwing off the small syringe.

Why Hebrew Reads from Right to Left.

Most Aryan nations write from left to right; most Semitic nations from right to left. A physiological reason for this has not heretofore been suggested. Dr. Erlenmeyer proposes a very simple one, to wit, that the ancient Semites wrote with the left hand, and as the only convenient way of writing is by a movement of the hand *from* the body, a right-handed person will naturally begin at the left side of the page, while a left-handed one will begin at the right side of the sheet. Not only does Dr. Erlenmeyer propose this, but he has come upon evidence in proof that this was the case. In a passage in the Talmud, it is enjoined that certain inscriptions of prayers should be written only with the right hand. Hence, it has very justly been assumed by commentators that these inscriptions were written commonly with the left hand. Dr. Erlenmeyer might have adduced the evidence which is to be gleaned from the Hebrew books of Scripture in support of the theory of original Hebrew left-handedness. By both Jacob and Job pre-eminence was given to the left hand. The former, we are told, "wittingly" placed his left hand on the head of his eldest grandson. And other examples could be quoted.

Relation of Impure Milk to Infant Mortality.

In an article in the St. Louis *Courier of Medicine*, Dr. P. V. Schenck makes the following forcible observation, which ought to attract the attention of all sanitarians:—

From the statistics which I prepared as Health Officer, in 1874–5, it is clearly shown that in cities where swill-milk is sold and in-town dairies allowed, the infant mortality is by far the greatest. The infant mortality is greater in the West than in the East, greater in the cities than in the country, greater in cities surrounded by grain-growing districts, greater in proportion to the number of distilleries, and greater in proportion to the use of swill food. The healthy city of Milwaukee, where we would think our children should be sent to avoid the enervating effect of high summer heat, looms up with an infant mortality of sixty-one per cent.

Confidential Communications to Physicians.

The public weal would be consulted by all States passing statutes protecting physicians who decline to reveal professional confidences. Dr. W. F. Sandford, of Brooklyn (*Proceedings* of the Kings County Medical Society), says there is in New York a statute intended to cover this point. When a physician in that State is called to testify as to any such confidential disclosure he must plead his privilege. He must bear in mind that it is the privilege of his patient, rather than his own, and it can be waived only by the express consent of the patient. It has been decided that it does not survive the decease of the patient, and hence cannot be raised in regard to the capacity to make a will, upon a question of probate. The following are not considered confidential communications within the meaning of the law:—

(*a*) Communications made before employment as a physician, or after such employment ceased.

(*b*) Where, being consulted as a physician, the doctor refuses to act as such, and hence is applied to only as a friend.

(*c*) Where a fact merely took place in the presence of the physician.

(*d*) Where the matter communicated could in no sense be considered in its nature private.

The Physician's Pocket Record and Visiting List.

The excellent *Pocket Record* arranged by the late Dr. S. W. Butler has been brought out this year thoroughly revised, with new stereotype plates, a posological table, in both the apothecary and the metric systems, additional matter of various kinds, and bound in American Russia, with a patent spring clasp. All who have used it before cannot fail to be pleased with these improvements; and those who have not are invited to make a trial of it. A leading advantage in its arrangement is that entries can be commenced at any time in the year, and one whole year's entries can be made from any date. For sale at the office of this journal.

The Relation of Intemperance and Temperance to Violent Deaths.

A paper before the last meeting of the British Social Science Association stated that "it was significant that Italy, a most temperate nation, had annually only 240 per million of violent deaths, while England, an intemperate nation, had 757 per million."

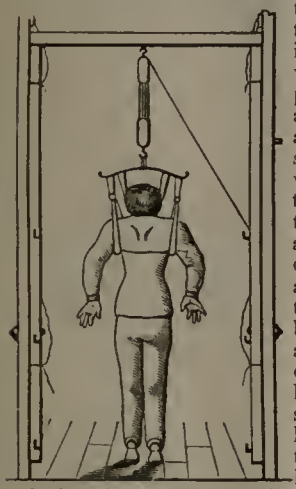
It doubtless is significant, and no question that to intemperance is chiefly due this difference; but it is the reverse of an argument for tectotalism, as the Italians drink large quantities of wine; indeed, it takes the place of tea and coffee, and almost of water in most localities. It is a strong argument for light, pure wines, and this interpretation should not be concealed by temperance reformers.

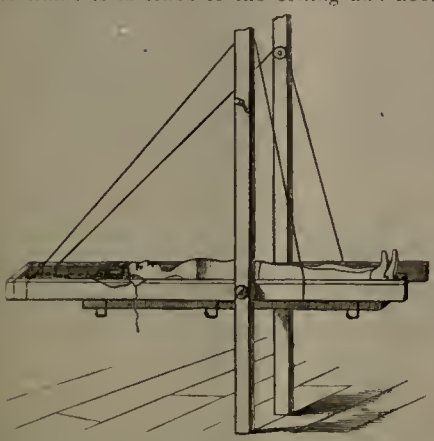
Correspondence.

Method of Applying Fixed Bandages in Spinal Affections.

Ed. Med. and Surg. Reporter:—

No doubt every one who has applied plaster of Paris or silicate bandages has had more or less trouble in laying the adult patient down after the bandage has been applied, to prevent shoving together the bandage, or misplacing it, thereby rendering the jacket useless, if not painful to wear. Having experienced the above difficulties and uncertain results, I have invented a frame to suspend the patient in while applying the bandage; after which a belt is attached to the inside frame, behind the patient, and the whole let down by pulleys, keeping the patient stretched until in a horizontal position; then the pulleys on the head and shoulders are loosened. The patient lays comfortably upon the couch until the jacket is hard enough to set him upon his feet. The wood cuts represent the frame while the jacket is being applied and after the patient is laid down. There are two frames, one within the other, bolted together, about thirty inches from the floor, leaving the inside frame free from the floor so as to turn upon the bolts on either side; it is kept in a perpendicular position by a pin through both frames, or uprights. The outside frame is fastened to the ceiling and floor.





It will be observed that iron bars, with a hook, are attached to the movable frame, to place the cross bars or slats of the bed upon. This apparatus is very simple, and easily controlled; the patient can be laid down in a few seconds, in case of sickness or fainting, as frequently occurs with patients not accustomed to being suspended, and then drawn up again, and the jacket finished. I have found this frame to be of great service to me, and therefore I present it to the profession for their inspection, and will be glad to have them test it, practically, if they wish.

D. R. Greenlee, M.D.

Meadville, Pa.

Obscure Convulsive Disorder in Infants.

Ed. Med. and Surg. Reporter:—

Having recently had several cases of an obscure character in my practice, I send you a description of one of them

Oct. 4th, at night, I was called to see an infant female child of Mr. Harris, a neighbor. I found it with breathing almost suspended, hoarse respiration, pulse almost imperceptible, with great palpitation of the heart; its bowels tympanitic and costive; its skin moist, but clammy: its eyes set, only closing them once in five minutes. When put to the breast, it would take hold of the nipple and suck greedily for a moment or two, and then suddenly throw its head back with great violence: at the same time strong spasmodic jerkings of the left hand and foot would set in. There was also spasmodic twitching of the right side of the face, with a drawing to the right of the head. Occasionally it would take a spell of hiccup, and then the croupous and rattling noise in the trachea would supervene. Its thumbs were firmly and tightly grasped on the palmar surfaces of the hands by its fingers. Its big toes were also tightly drawn down and inward on the anconal aspect of the metacarpus, left hand, and on the rotular aspect of the metatarsus of the left foot a remarkable tumor was visible, having a considerable degree of roundness and elevation. These tumors had a livid, mottled or purplish color, and did not pit on pressure or pain the child: in fact, it did not seem to have any feeling whatever. We gave it a warm bath of five minutes, rubbed it dry, wrapped it in flannel, laid a blister on the nape of the neck, and one behind each ear: rubbed the spine with chloroform and laudanum liniment; gave an enema of oil of turpentine, starch and water, and by the mouth castor, oil ½ oz.; croton oil, 1 drop; calomel, 5 grains. This treatment was all done at 1 o'clock that morning. At 4 o'clock following the bowels acted twice, with very large, dark, jelly-like discharges, very offensive, with a few pieces of worms. At 4 o'clock, we gave it quinine, 10 grains; Dover's powder, 10 grains; calomel, 5 grains; bismuth subnitrate, 30 grains; to be made into 10 powders; one every two hours; warm bath to be repeated every five hours. With all this, it was to have lime water and milk, with weak toddy every hour or two. It had been having diarrhœa, with white, watery discharges.

The history of the case was this: At birth the child had these spasmodic jerkings of the left hand and foot. The old woman midwife told me that when the head and arms of the body were

barely through the vagina, she discovered the jerking of the shoulder and arm, and that the jerking of the hand and foot was so great that she was compelled to have assistance in tying the cord—some one to hold the child. In other words, the spasm continued for three days and nights. They bathed it in warm water, and put salt in its mouth, which checked the spasms, as they claim. From that time until the first of October last the child had pretty fair health, but on October 1st its bowels began to run off, and nothing would check them, the old woman said, until they stopped themselves, on the 4th. On that night the child awaked its mother with the croupous rattling in the windpipe, and the spasms of hand and leg. They believed the child had croup, and sent for me. I found it as above, and not understanding perfectly the case, I did what I thought best, and the treatment we gave seemed to do good; at least, as soon as the bowels moved two or three times it was quiet, breathing easier and freer; spasms suspended; eyes closed, and the heart did not palpitate so fast. We continued the bath every five hours, with powders of quinine, calomel, Dover, and bismuth, every two hours: milk and lime water, with toddy, every two or three hours.

On the evening of October 5th I saw it again; it was doing well, apparently, had taken most of its medicine, with considerable nourishment. Breathing free and regular; bowels moved three times since the morning of the 4th; discharges still black or greenish in color, and gelatinous in consistency; skin warm and moist; kidneys acting well: eyes looking normal; no spasm of foot or hand: would take the breast and suck freely. I continued the quinine, Dover, calomel and bismuth, with directions to give castor oil and turpentine next morning, if the bowels did not move any more till then.

On the morning of the sixth I saw it again. I found all the old and bad symptoms redeveloped. No action from the bowels since the morning before: skin cold and clammy; pulse imperceptible; heart palpitating terribly; eyes staring; spasm of left hand and foot bad; one jerk after another, in rapid succession; head thrown back and to the right, with now and then general spasm of the whole body, drawing the body in a complete bow, resting on the back of the head and heels, opisthotonos in full; breathing only once in two or three minutes, and when it did get a breath it was with a long-drawn sob or sigh. The tumors of the metatarsus and metacarpus were redeveloped also. We bathed its feet and legs in hot water; applied cold cloths to the head; gave bromide potass, five grains; bromide ammonium, five grains; chloral hydrate, five grains, every three hours, in simple syrup; half ounce at a dose. We cupped the spine, with blisters between the shoulders, but to no avail. It died at 8 o'clock P.M., on the evening of October 6th, 1879.

The above is the third case of the kind which I have treated. The other two cases were almost exactly like this one, only not born with the carpopedal spasm, and they both got well, and are now hale and hearty children. They were treated as the above; gums lanced well; both blisters and purgatives, strong ones at that, followed by sedatives. Should this be called carpopedal spasm, or a spasmodic affection of the chest and larynx in young children, accompanied with general or partial spasms or convulsions?

DR. DAVIES.

Roxton, Texas.

Dr. Carpenter, the Sanitarian.

ED. MED. AND SURG. REPORTER:—

You very naturally, in your reference to Dr. Carpenter, at the Sanitary Congress at Croydon, confounded two very distinct yet valuable physicians. Dr. Alfred Carpenter, Lond. C.S.S., Camb., who was the most efficient agent in the Congress, is a gentleman of high acquirements as a naturalist and sanitarian; he is also the President of the Council of the British Medical Association; he was long connected with St. Thomas' Hospital, and after serving this old and valuable institution for many years, was invited to Croydon, where he has a most select practice, with two assistants; he is also a magistrate. For years he has given much and careful attention to the sanitary condition of Croydon, which has grown from a few to sixty thousand inhabitants, and by his persistent and watchful attention has entirely done away with epidemic typhoid fever, which prevailed, and was owing to the impurities in the water supplied to the tenement houses by improper plumbing and the penurious character of the landlords. At one time he created so much enmity that, at their instigation, the Doctor was burned in effigy; yet nothing deterred him from his philanthropic labors, and he was ultimately successful in having a proper ordinance passed, by which each family was supplied with pure water.

Dr. Alfred Carpenter is an admirable public speaker, and is always ready to say the proper words in the proper season. He is the balance wheel of the British Medical Association, and by his aid and judicious counsels produces peace and harmony in this large and useful Society.

He is the author of a very useful volume, which, I am sorry to say, is not well known in this country; it is entitled, "Preventive Medicine in Relation to Public Health; being Lectures and Addresses delivered at St. Thomas' Hospital, and elsewhere."* They are suggestive rather than exhaustive in their character, and are intended to direct the workers in sanitary science as to the lines they should pursue. One of the most useful papers is "on the power of soil, air and vegetation combined to purify sewage." There are also some very practical observations on the management of sewage farms, a subject which should excite the interest and active co-operation of the practical sanitarians of our city. Dr. Carpenter has also published several pamphlets on various other sanitary and medical subjects, and his lecture before the late Congress is replete with carefully collected facts on sanitary progress. It is published in full in a recent number of the *British Medical Journal*, an abstract of which I hope you will give for the benefit of your numerous readers.

Philadelphia. L. TURNBULL, M.D.

* London, Simpkin, Marshall & Co., 1877, pp. 367.

News and Miscellany.

Sir Thomas Watson, M. D., on Animal Vaccination.

On the subject of vaccination with bovine virus, the eminent London physician, Sir Thomas Watson, writes to the *Pall Mall Gazette*: "Several letters have lately appeared in the *Times* newspaper, respecting what is called animal vaccination. In one of the numbers of the *Nineteenth Century* vaccination on and from the calf was earnestly advocated by me, as carrying with it the potential extinction of the only valid objection that can be alleged against vaccination in general; and justifying, therefore, the needful compulsion of vaccination by force of law. The anti-vaccination party have attempted to enroll me among the writers who have adopted their views. I ask leave, therefore, to inform you and your readers that my sole object has been, and is, to prove that by vaccination, properly and universally effected, the hideous, disfiguring, dangerous, and in a great majority of cases fatal distemper, smallpox, may with certainty be extirpated from this country—I might say from this world."

The Nuisance of Inset Advertisements.

A prominent physician of this city writes us—"In reference to 'A Nuisance,' in to-day's issue (Reporter, p. 460), may I state that in complaining of it personally to one or two editorial friends, I was met with the reply that 'it is the advertisements, and not the subscribers, that pay for the journal.' The cause of the nuisance is evidently not in the interests of medical literature."

As the primary object of a periodical—at any rate, of a scientific journal—ought to be the interest, convenience and advantage of subscribers, we suggest to them that they notify such editors that unless this annoyance of inserting advertisements among the reading matter is stopped, their subscriptions may be expected to end.

Syphilis in Russia.

Syphilis, says Dr. Podolinski, is the principal scourge of the rural populations of nearly all Russia, but its ravages are greatest in the South, in the Governments of Kiew, Poltava, and Theringnon. In some of the villages a third of the inhabitants are contaminated. In Taroslawka, of 120 families, 30 are certainly syphilitic, and 64 only are *known* to be healthy. The influence of the disease on the degeneration of the population and the increase of mortality is very great. There is scarcely an example of a member of an infected family having passed the age of sixty, and the death-rate among the syphilitic is more than one-half greater than that of the remaining population.

Reception to Surgeon General Wales.

A reception to Surgeon General Wales, U.S.N., was given on the evening of Nov. 20th, by Dr. William A. Hammond, late Surgeon General U.S.A., at the latter's residence, in New York city. A large number of gentlemen prominent in social, military and literary circles were present, and the evening was spent in the most enjoyable manner. Dr. Wales' appointment is an excellent one, and although it has given rise to some feeling in certain quarters, it is indisputable that the efficiency of the service was well consulted when he was chosen.

Staufer's Uterine Instruments.

The valuable series of uterine instruments, including pessaries, supporters, sounds, specula, examining case, etc., made in hard rubber, by the above mentioned inventor, have now stood the test of a number of years' trial by many physicians, with most satisfactory results. Of many favorable opinions, we may quote one just received from Dr. L. Van Bender, of New York. He writes: "I have tried almost all kinds of uterine appliances during a practice of over twenty years, but have not found anything in the shape of a supporter that gives more perfect satisfaction than yours. I am also very much pleased with your examining case."

From our own experience with the hard rubber appliances we can endorse this praise as well merited in every respect, and can recommend them, without reserve, to the profession.

Personal.

—Mr. Erasmus Wilson, the English specialist on diseases of the skin, is about to give $100,000 to erect a sea bathing infirmary for the scrofulous. It will be remembered that he paid for the erection of Cleopatra's needle in London.

Items

Correction.—Dr. W. G. Carter, of Richmond, writes us that the ℞ for gleet (Reporter, p. 436) should be made up with *Chio turpentine*, instead of the ordinary oil of turpentine, as given by us.

—The sanitary inspection of steamboats on the Mississippi and its tributaries, urged by the National Board of Health, has met with the hearty approval of the principal municipalities along those streams.

—A pretended case of arsenical poisoning from a dental filling is reported from West Chester. A homœopath and an Indian herb doctor pronounced it such. The patient, in fact, died from Bright's disease.

—In the University of St. Petersburg 77 women have entered, this winter, as medical students: 14 have joined the London School of Medicine for Women, making 37 in attendance there.

—Several persons in New York city were lately taken ill after eating "lemon meringue pie." The symptoms were not unlike those of bilious cholera, and some of the sufferers said that they felt "as if they were on fire inside." One of the victims died. It is supposed to have been owing to a poisonous flavoring material.

—At St. Petersburg, phthisis, which fifty years ago held the fourth or fifth place on the bills of

mortality, has now outstripped all other diseases, and takes the first rank. Whether this is owing to the relative diminution of preventable diseases (smallpox, typhus, etc.,) or to an actual increase in tuberculous cases, we are not informed.

—It is estimated that where physicians are in the proportion of one to two thousand inhabitants, medical men can make a respectable living. In the United States, it is alleged that there is one practicing physician to every 600 inhabitants. Isn't this significant to young men deciding on their vocations?

—Forty-four and four-tenths per cent. of the white people who took the yellow fever during the late epidemic in Memphis died; of the black people sixteen and six-tenths per cent. died. There were altogether 1537 cases of fever and 187 deaths, a total death percentage of thirty-one and six-tenths.

OBITUARY NOTICES.

—Dr. French Weems died, at the residence of his daughter, in Louisville, Ky., last week. He was born in Prince William county, Va., in 1797, and passed his childhood in that State. He graduated a physician in New York, and practiced his profession there a few years before removing to Louisville. On the occasion of the departure of General Lafayette for home, from New York, Dr. Weems delivered a complimentary address. His father, Dr. John Weems, was a consulting physician during the last illness of General George Washington.

—Dr. Henry F. Quackenbos died, a few days since, in New York city. He was born in 1817, received his diploma in 1840, entered the French service in Algeria, and subsequently practiced in New York city.

—Dr. John A. Brown, of Bellefontaine, Ohio, died, of heart disease, while out hunting, November 23d. His body was found by his friends, after a long search. His dog had remained by its dead master, and worn a path around the body while keeping guard.

—Dr. Freeman J. Bumstead, well known as a prominent physician, and author of the standard work, "Bumstead's Pathology and Treatment of Venereal Diseases," died, November 28th, of dropsy. He was born in Boston, April 21st, 1826; was graduated from the Harvard Medical School, in 1852, studied for three years in Paris, and since 1855 has practiced in New York city.

QUERIES AND REPLIES.

Dr. W. H. K., of Illinois, asks:—Are tinctures made from fluid extracts as reliable as those made according the U. S. P.?

Ans.—We have inquired of pharmacists as to this, and they assert that when made from standard extracts, the tinctures are just as good; we confess that tinctures from fresh leaves, when so ordered, would, in our opinion, be more likely to hold in solution the active principles, than those from extracts.

Pharmacist.—The *Batiator* root, about which you inquire, was suggested last year, by Dr. Stanislaus Martin, as a substitute for Ipecac, in dysentery. We believe its botanical position has not been defined.

Dr. Haller, of O.—The caul is that portion of the membranes which occasionally covers the head of a child at birth. Cauls are still dried and sold as amulets or charms, and advertisements of them may not rarely be seen in Philadelphia papers.

Vaccinator.—Bovine Virus should always be used where there is the least suspicion of disease in the child from which vaccine matter is taken. Otherwise, you might expose yourself to an action for damages.

Franklin.—There are private establishments in this city where ladies can be boarded and attended to during confinement. For particulars, you should apply by mail, inclosing postage stamp for reply.

MARRIAGES.

FRENCH—WILSON.—On Wednesday, Nov. 19, by the Rev. W. T. Langford, Thomas R. French, M.D., of Brooklyn, and Helen M., daughter of the late John A. Wilson, of Elizabeth, N. J.

MAYHEW—CHAMBERLIN.—Monday evening, November 10, by the Rev. Henry Tuckley, at the residence of the bride's father, Delhi, O., Miss Helen E. Chamberlin, only daughter of J. V. Chamberlin, Esq., and Dr. George S. Mayhew.

McFARLAND—SIMCOX.—By Rev. D. A. Newell, at the Presbyterian Manse, Clarksville, Pa., Oct. 16th, L. R. McFarland, M.D., and Miss Mary E. Simcox, both of Transfer, Pa.

MULLER—HULL.—On Wednesday, November 19, at Christ Church, Oyster Bay, Long Island, by the Rev. George R. Van De Water, Richard W. Muller, M.D., of New York, and Alice, third daughter of Richard Hull, Esq., Hillside, East Norwich, Long Island.

NEEL—BROWNING.—On Oct. 28th, by the Rev. T. A. Nelson, of Brooklyn, H. A. P. Neel, M.D., of Titusville, N. J., and Miss Clara E. Browning, of Brooklyn, N. Y.

O'NEILL—CHANDLER.—On Thursday, November 20, at St. James Church, by Rev. Henry J. Morton, D.D., assisted by Rev. W. Neilson McVickar, J. Wilks O'Neill, M.D., and Florence Emilie, daughter of William Penn Chandler, all of this city.

RANKIN—VOORHIS.—On Tuesday, Nov. 11th, at Trinity Chapel, New York City, by the Rev. Thomas G. Peters, D.D., Dr. Francis Huntington Rankin, of Newport, R. I., and Grace, daughter of the late Jacob Voorhis, Jr., of New York City.

TROUT—COOPER.—Oct. 21st, by Rev. J. Mateer, D.D., Dr. D. P. Trout, of Leechburg, and Miss Mina, second daughter of John Cooper, Esq., of Cochran's Mills, Armstrong Co., Pa.

WILLIAMS—CAREY.—At the residence of the bride's parents, No. 256 Everett Street, Cincinnati, Ohio, by the Rev. Thomas Lee, assisted by Rev. D. H. Moore, D.D., David T. Williams, Esq., and Miss Mollie T. Carey, daughter of Dr. M. T. Carey, all of this city.

DEATHS.

BALFOUR.—In this city, on the 20th ultimo, Dr. Gilbert Balfour, aged thirty-six years.

BROWN.—On Nov. 7th, Dr. John Brown, brother of Dr. Charles D. Brown, No. 251 West 23d St., New York.

HENRY.—In Everett, Pa., October 4th, Dr. James Henry, aged seventy-six years and six months. At evening time it was light.

HILDENBRAND.—In this city, on the 18th ult., Mary Elizabeth, beloved wife of Dr. Louis William Hildenbrand.

HOMEYARD.—On Thursday evening, Nov. 21, at the residence of his son-in-law, Charles E. Lawrence, New Brighton, Staten Island, John C. Homeyard, M.D.

LEVY.—In Trenton, Tennessee, on the 14th ultimo, with serene resignation and holy faith, Louis Levy, M.D., oldest son of the late Lewis and Ann Levy, of this city.

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Original Department.

Communications.

THE ACTION OF ERGOT, PARTICULARLY AS IT RELATES TO MEDICAL JURISPRUDENCE.

BY JOHN MORRIS, M.D.,
Of Baltimore, Md.

(Read before the Baltimore Academy of Medicine.)

Forty years ago ergot was used solely in cases of labor; within the past ten years there is not a single malady or form of malady in which it has not been tried, and for the relief of which it has not been recommended. It would be an amusing study, were it not damaging to our art, to look over the medical periodicals of the day and observe the many suggestions they contain in regard to its use. "Rusticus" writes to a journal to obtain a remedy for some intractable trouble that has baffled his rural skill. "Medicus" and a host of other scribes reply at once, "Give ergot a trial; its action on the capillaries, through the vasomotor system of nerves, or its well known influence on unstriped muscular fibre, indicate its use. Try it at once, and the case will certainly improve." This is the kind of advice daily tendered to puzzled leeches, no matter what the character of the disease or the organs involved. In consultations, too, when it is discovered that the attending medical man has tried all the usual remedies, the consulting physician will, as a dernier resort, suggest the employment of ergot. The more obscure the case the more likely is this suggestion to be made. In looking over the journals on my own table, for the past year, I find recommendations of ergot for the following diverse maladies: Intermittent and remittent fever, trichinosis, coma, cerebral apoplexy, keloid and cystic tumors, cholera, diabetes, tonsillitis, etc. I find it also suggested as an antipyretic, and it is said, by its advocates, to be a preferable remedy to quinine or digitalis. Bartholow, our most recent authority in therapeutics, recommends it also in chronic diarrhœa and dysentery, hemorrhoids, relaxation of the sphincter ani, prolapsus of the rectum, enlarged heart, various forms of hemorrhage, vertigo, epistaxis, headache, tinnitus aurium, mania, migraine, epidemic cerebro-spinal meningitis, acute myelitis, inflammation of the conjunctiva, blepharitis, phlyctennlar ophthalmia, incontinence of urine, spermatorrhœa, paralysis of the bladder, as well as various uterine troubles not necessary to name. The alienists, too, not to be behindhand, have added it to their scanty repertory, and it has become a favorite remedy in troubles of the brain and spinal cord.

In view of this condition of things, is it not time that a careful examination should be made of the merits of this many-sided agent, to the end that its true powers be understood, and a proper place given it in our therapeutics? As the case now stands, its employment is wholly empirical, and, as a consequence, unscientific. It is important, then, for the sake and in the interest of those who are about entering into professional life, that some well settled, well defined views should be laid down for its use, and these views, to have any weight, must be based on active bedside experience. Theory is all very well; investigations on healthy frogs and rabbits, and comparative experiments of every character, should have due weight, but clinical facts are of more importance and of greater practical value. I

shall, therefore, very briefly submit to your consideration the results of my own observation and practice.

As I said before, ergot was only used, for a great number of years, in certain conditions of labor, and in wise hands afforded certain and most useful results. After a time it came to be used in cases of abortion, to hasten the extrusion of the fœtus; next a theory in relation to its power to contract the capillaries was advanced and received with favor, and it was generally employed, and is still employed, by a large number of practitioners, to check hemorrhage, in cases of threatened abortion. How far it is useful in these conditions will be discussed hereafter. In a few years the extent of its powers became enlarged, and it was tried very generally in hæmoptysis, pulmonary and other forms of hemorrhage. This was twenty-five or thirty years ago. Since that time its powers have amplified in a most marvelous manner, as the statement heretofore given most markedly proves. It has reached a point now, I think, in which a reaction is imminent—a reaction which, in my judgment, must prove salutary.

Though the chief object of this paper is to discuss the merits of ergot as an oxytocic agent, and its relation in this respect to matters of medical jurisprudence, I shall briefly allude to its virtues as a remedy in the treatment of diseases independent of the uterus. I am sorry to state that in all cases of hemorrhage not of uterine origin, when tried independently of other means, it has utterly failed in my hands, and I should greatly regret to have to depend on it for success in the treatment of such cases; and further, were I a teacher of medicine, I should not urge upon my students its employment in the treatment of hemorrhages of a serious or alarming character, certainly not to the exclusion of the mineral acids, ice, tannin, acetate of lead, opium, etc. In a recent case that came under my observation, through the kindness of Dr. I. H. Hartman, of this city, a case of passive pulmonary hemorrhage, well suited to test its powers, it proved thoroughly valueless. The patient was a young lady, the daughter of Judge W., of the Eastern Shore of Maryland. Dr. Hartman administered teaspoonful doses of Squibb's extract of ergot for several days, and also employed it hypodermically in large doses, without the slightest apparent benefit. This was done, too, in conjunction with absolute rest.

Ergot has been highly recommended for enlarged prostate, with vesical atony of the bladder, and Langenbeck claims to have seen surpassing results from its use in this condition. I much doubt its efficacy. The late Prof. Nathan R. Smith suffered from this trouble, and in his case it failed to exercise the least beneficial effect. Its influence over the sphincter of the bladder is claimed, on account of the difficulty of micturition produced by large doses, and this effect is held to be due to its power over the spinal cord; but this result may be obtained from other remedies, given in toxic doses, that are not supposed to exercise any control over the spinal system. Ergot is also greatly lauded in hemorrhoids, but it possesses no advantage over carbolic acid, acetic acid, or any other agent that will induce atrophy of tissue. In those cases of hemorrhoids and keloid tumors where it has been used hypodermically with success, I am convinced that the menstruum containing the ergot would have been equally effective without it.

Two weeks ago, two well known medical men of this city prescribed ergot for an old patient of mine suffering from chronic kidney trouble, complicated with severe neuralgia of the left leg. I saw this gentleman to-day. He is much worse; his appetite is destroyed; his tongue and throat dry and painful, and his general strength greatly lessened. This condition may not be entirely due to the ergot, but I am convinced that he would have been better without it. In many of the diseases before mentioned I have not given it a fair trial, and am, therefore, not prepared to speak positively concerning its powers. The statement of Langenbeck, that its hæmostatic action can be obtained in all cases of capillary hemorrhage, and even in the small arteries, when the tissue entered is smooth muscular fibre, is, I think, a matter of conjecture; indeed, the whole modern theory that ergot possesses an elective affinity for the involuntary or unstriped muscular fibre, wherever this is found in the body, is, in my judgment, still a question in dispute. Experience and clinical observation prove, beyond doubt, that it has an absolute affinity for the uterus, and particularly that it exercises a peculiar influence over the longitudinal fibres of that organ. Over and above this, everything is mere theory and suggestion, and the true place of this great agent still remains to be fixed in our therapeutics. My own view is, that the influence of ergot is limited to the lower portion of the cord—that portion from which the uterus receives its nerve supply. Clinical experience, I hold, affords no positive evidence of its specific action on any other portion of the body. In saying this, I am not unmindful of the experiments

of Brown-Séquard, Meadows, Holmes, Schatz, Peton and others, all of which tend to prove that ergot contracts the minute arteries, as well as impedes, or even prevents, the passage of the blood into the heart itself. Though I have administered it in hundreds of cases, I never yet have been able to trace out any influence on the heart or general circulation. I am, therefore, constrained to believe, with Headland, that it is a stimulant, and that its action is specially directed to the muscular nerves of the gravid uterus, and to no other system of nerves in any marked degree. To its influence on the ganglionic nerves supplying the womb must be ascribed the good effects resulting from its administration in some cases of hemorrhage of that organ.

Its powers, too, as a toxic agent, have been greatly overstated. It is represented as an active poison in many of our text-books and in treatises written on the subject. It is said that cows fed on it cease to give milk, and as proof of this, an outbreak is evidenced of ergot poisoning in Russia, a few years ago; yet my friend, Dr. Drysdale, administered half ounce doses of Squibb's extract three times daily, for more than a year, without the slightest bad effects. The cases, therefore, of sloughing and sphacelation, reported as due to its long continued administration, must be viewed with distrust. Men are too apt to reason from a preconceived theory, and to claim results from the operation of this theory, when they (the results) may have been brought about by other agencies. It is possible, however, that when administered in toxic doses it may cause the destruction of tissue, by lessening the vitality of the system, and thus interfering with the process of nutrition.

Having thus briefly adverted to the qualities of ergot in a general way, we now come to the main object of our paper, the discussion of its powers as an oxytocic, and its relation to matters of medical jurisprudence. Ergot exercises no influence, in my judgment, on the unimpregnated uterus, nor does it act with sufficient power, in the early months of pregnancy, to produce abortion. There is, however, a lax condition of the neck of the uterus, attended by a special irritability of that organ, often to be found in women of a certain type, in the second and third months of pregnancy, which seems to favor the occurrence of abortion. This condition is readily discovered by the finger, and is no doubt familiar to all the gentlemen of the Academy engaged in obstetric practice. In women of this character ergot might prove an oxytocic, and if abortions ever occur from its administration, it must be in such cases. Then, again, there is a class of women who have acquired the habit or trick of aborting, women who are easily affected, not only by outward agencies but by the simplest therapeutic means; ergot given to such women might produce the expulsion of the fœtus; for, while it has not the power of initiating contractions in the uterus itself, certain symptoms are manifested from its use, such as pain in the back and thighs, which might extend to the womb, provided it be in an irritable and relaxed condition, and ready to be affected by any exciting influence. In labor, however, at full term, or in the last months of pregnancy, when the muscular fibres are fully developed and already contracting, there is no doubt of the power of ergot to stimulate the uterus to increased action. Through this power it acts most beneficially in the third stage of labor, by preventing the tendency to hemorrhage. Its beneficial effects in certain cases of fibroid tumors can be explained by the increased tonic action of the uterus which it excites and keeps up. The muscular fibres of the uterus are developed by these fibrous growths, in a manner exactly similar to that of the gravid state. The point, however, which I most particularly desire to make at this time is, that in a healthy woman ergot will not induce premature labor or produce abortion. The truth is there are no agents that act specifically on the uterus. Emmenagogue remedies are, as a rule, utterly useless, and should be discarded from the pharmacopœia. They are a relic of a rude barbarism in medicine. Among these ergot has occupied a very important place. It has been prescribed indiscriminately, in every case of supposed uterine disturbance, no matter what the cause or whence the origin. I hazard nothing in saying that, employed by itself—that is, independently of other means—it will utterly fail to restore uterine functions or build up the health. This is much to be regretted, as it is prescribed by young practitioners in a very loose manner, as a deobstruent, without much knowledge of or regard for its real powers. No medical man of intelligence would, I am sure, administer ergot for the purpose of inducing premature delivery, and yet it enters into the composition of all the nostrums sold by quacks and abortionists for this purpose. The public generally believe that it possesses oxytocic virtues, and this opinion is shared by judges of the courts and officers of the law. A belief in other oxytocics, such as tansy, rue, savin, iron, etc., is very common, particularly among midwives and ignorant persons. A case is cited in the *Journal of Medicine*, December,

1876, of a poor girl who was tried and sentenced to three years' imprisonment, on the evidence that she had taken some savin, and had aborted. Is not this lamentable ignorance in an age enlightened by so many works on therapeutics, and does it not show the necessity of some fixed views being established in regard to the effect of agents of this character?

Doctor Heillar, of Edinburg, mentions a case in which a medical man was accused of giving ergot in early pregnancy, for the purpose of producing abortion, premature labor having subsequently come on, causing the death of the woman. The defence was that sarsaparilla was given, and not ergot. Chemical analysis having failed to detect the difference between the drugs, the case fell to the ground. In a recent trial in this city, the prisoner, Hoover, was convicted of attempting to produce an abortion by the administration of a mixture containing ergot and cannabis indica, though several experts testified, among the rest, myself, that ergot had not the power to induce premature delivery in a healthy subject. The verdict was a very righteous one, for the wicked purpose of the prisoner was clearly proven. The only regret is that the physician who compounded the mixture was not also indicted and convicted. In this case, though the testimony of the medical men was not conflicting, there was an ambiguity and a want of positiveness evinced, much to be regretted. Hoover has been adjudged a new trial by the Supreme Court, and it is to be hoped that on that occasion the medical witnesses will be direct, positive and explicit in the evidence they may give to the court, so that it (the evidence) may have the full weight of authority.

There is no doubt, however, in my mind, that in cases of labor ergot often exercises an injurious effect on the child. I remember two cases in my own practice in which death was produced by the persistent and unremitting contraction produced by its use. It is the rule to administer it in the second stage of labor, when the pains become feeble and inefficient, and the woman seems to be losing strength; but in this condition the application of the forceps is by far the safest and speediest mode of delivery. The safety of the child is far better secured by this means. Natural labor pains are regular, intermittent, and rhythmical in character; under the influence of ergot they become violent, irregular, and almost unceasing. It should, therefore, be given very cautiously in primipara, as the severe pressure induced by its unremitting spasmodic action greatly endangers the life of the child. Quinine is, I think, a much safer and equally efficacious remedy.

Ergot is not a certain and reliable agent, even in hemorrhage of the uterus, or in cases of threatened abortion, though it is universally, and sometimes very wildly, prescribed in those troubles. My experience is, that it frequently increases the hemorrhage; that many times its administration is followed by no positive results, and that it is only at times that any perceptible good effect is observable. In hemorrhages that attend the menopause it is particularly valueless. In a recent case of uterine hemorrhage in an old woman, its use for more than a week failed to control the flow in the slightest degree; yet the use of cold water, injected for two days only, effectually arrested it. In two cases of persistent metrorrhagia which I now call to mind, occurring in women of middle age, ergot was given for several weeks, in vain. These cases yielded promptly to large doses of dilute sulphuric acid and vaginal injections of cold water. There can be no doubt, however, concerning its power in controlling post-partum hemorrhage, provided it be given at the right period, that is, in the concluding stage of labor. I have seen it fail when given some hours after delivery. The exact fibres of the uterus acted on specifically by ergot have not been determined with certainty. I am myself disposed to believe, with Meadows, that it is the longitudinal fibres that are affected by it, though some writers claim that the circular ones are alone acted on. I have never yet seen hour-glass contractions follow its use, and I am inclined to believe that, were the circular fibres the seat of its peculiar influence, this unpleasant complication of labor, due nearly always to faulty midwifery, would more frequently occur. I also think that uterine action commences in the fundus and not in the cervix of the uterus.

The deductions from the foregoing views may be summed up as follows:—

1. Ergot is prescribed very wildly, and frequently injudiciously.

2. Its powers as a general agent are not positively understood, and further clinical investigation and observation are necessary to give it its true place in therapeutics.

3. It exercises an unmistakable influence on the impregnated uterus during labor.

4. It has no influence over the non-gravid uterus, save when its muscular fibres are developed by foreign growths.

5. It has no power, in a healthy subject, to initiate labor or produce abortion.

6. Its administration in labor frequently en-

dangers the life of the child; and the forceps are to be preferred, in many cases, as a means of delivery.

7. That while it exercises an undoubted power in controlling uterine hemorrhage, the exact character of the cases in which this power is evidenced remains yet to be described.

VOMITING OF PREGNANCY—A FEW NOTES UPON ITS TREATMENT.

BY J. W. HICKMAN, M.D.,

Of Delta, Pa.

That so many agents of the pharmacopœia have been and are still being tried for the vomiting of pregnancy, is proof positive that professional opinion is still unsettled as to its proper management. Now one drug has been put forward as deserving of confidence; now another as certainly a specific; each, in time, to work out its own inefficiency. Thus has it been for all time, and it yet remains to find certain and satisfactory treatment for the various conditions upon which the nausea and vomiting of pregnancy are dependent.

If I succeed in making out a few notes of some of the plans of treatment, and attaching to each its real worth, the object of this paper shall have been accomplished. If the vomiting can be traced definitely to its immediate cause, as nervous exhaustion and degraded blood, for instance, as is frequently possible, then the treatment becomes comparatively simple; but in those cases where we are left in the dark as to its etiology, we do not often face a more difficult problem.

A few years ago the late Sir. J Y. Simpson introduced the oxalate of cerium as an agent to be relied upon in a majority of cases. Many instances of its utility were cited by him, and very clear directions given for its administration. He was in the habit of giving it in ten-grain doses, as frequently through the day as seemed necessary (no danger need be apprehended from large doses of this drug, as there is a case on record where four grains were given every two hours until six hundred grains were taken; this was followed by good results). In some cases the good effects were immediate, while in others some days elapsed ere any benefit was to be observed. This treatment has become nearly obsolete, and as Dr. Image has put it,* merely because it has usually been given in the trifling officinal dose of a grain or two, instead of following the directions given by Simpson.

That oxalate of cerium is more or less efficient in a vast majority of cases, when properly given (ten grains as frequent as necessary, care being taken to give the first dose half an hour before the patient's rising time), cannot be doubted. Dr. Image, in the same article, says he finds it very satisfactory in nausea resulting from uterine irritation generally. In these instances he combines it with bromide of potash. This combination, he says, is successful where the latter drug given alone has utterly failed. I have known of the subnitrate of bismuth having been occasionally prescribed with the oxalate of cerium, but so far as I have been able to ascertain, with but indifferent results. Perhaps the best way in which to give bismuth is in combination with carbolic acid, as in a formula suggested by Bartholow,* viz.:—

℞.	Bismuth subnitratis,	℥ iij
	Acid carbol.,	gr. ij–iv
	Mucil. acaciæ,	℥ ss
	Aq. menth. pip.,	℥ iij.

That author says excellent results are sometimes obtained from this formula, in tablespoonful doses three or four times a day.

A remedy of no mean value in the vomiting of pregnancy is arsenic, in the shape of Fowler's solution. It is not to be wondered at that a remedy so signally valuable in chronic gastric catarrh and the morning vomiting of drunkards should relieve the trouble in question. It is especially indicated when the vomiting is followed by painful retching, and where the ejected matter is streaked with blood, or where blood alone is cast up. It is here that arsenic gives results that are frequently most satisfactory. A drop of Fowler's solution should be given before meals; its action is sometimes more reliable when administered with a few drops of laudanum.

Where there is simply nausea without vomiting, and attended with vertign, a friend of the writer has found the tincture of nux vomica, in half drop or drop doses every hour or two, in a little water, extremely servicable. Nux vomica is specially indicated where the above condition exists in connection with a torpid condition of the bowels.

In the case of women who are habitually afflicted with delicacy of the stomach, and in whom this condition is exaggerated during pregnancy, the old demuleent tonic, calumba, will often be found more or less serviceable, and is

* *Practitioner*, for June, 1878, page 401.

* "Materia Medica and Therapeutics," last edition, page 113.

well deserving of trial. As in case of most remedies for the gastric irritability of pregnancy, it must be admitted, however, that the precise circumstances demanding it are not definitely known, and can only be approximated. An excellent preparation where calumba seems indicated, is the following:—

R.	Calumba,		
	Gentian root,	āā	℥ ss
	Ginger,		
	Rhubarb,	āā	℥ j.

Work up together, and make a pint or pint and a half of infusion.

This common infusion will be found more serviceable than the elegant pharmaceutical preparations of the shops.

I have occasionally seen an *old* opium pill check the vomiting at once, after several of the usual remedies had been vainly tried. Another method, at times very effective, though less pleasant, is the application of a blister to the epigastrium, on which may be put ¼ to ½ gr. acetate of morphia.

Where the vomiting has continued until severe prostration is induced, it is said that champagne sometimes exercises an admirable influence. I have seen one such case, in which its effect was almost magical.

When the ejected matter is alkaline, nitro-muriatic acid will, as a general rule, be found a fairly reliable palliative measure. On the other hand, where marked acidity exists, of course the ordinary correctives will be tried.

Dr. J. H. Searff has reported a few cases in which the vomiting of pregnancy was cured by the rectal injection of chloral. Twenty grains were injected, night and morning. Only a few (3 to 5) injections, he says, were required. Personally, I know nothing of this plan of treatment, but it seems so reasonable that I shall try it as soon as a suitable case offers. Strange as it may theoretically seem, a drop of the wine of ipecac. will often be found exceedingly effective. This fact would evidence in favor of views offered with reference to the action of drugs by William Sharp. M.D., F.R.S., in various numbers of the *Practitioner* for this year.

Among the more reliable measures, it now remains to speak of the so-called ingluvin—simply the inner membrane of the chicken's gizzard. It may be prepared by any one thus: The membrane should be lightly scraped, never washed, then dried at a moderate temperature, in the sun, for instance, when, in an hour or two, it may be powdered as fine as flour. It should be given before meals, in dose ranging from five to twenty or thirty grains, as seems to be required. The first time the writer ever saw this agent administered was in a case of acute gastritis; it was retained when everything else that was tried had been ejected. It has an exceptional power in controlling the vomiting of pregnancy, and in my opinion, stands first among the agents reviewed. That all medication sometimes fails in this disorder cannot be doubted. In such cases, where dangerous prostration follows, that one final remedy, premature labor, is vindicable, upon every basis of humanity and correct therapeutics.

ON THE TOLERATION OF THE PERITONEUM TO RESIST INJURIES.

BY JOSEPH H. WARREN, M.D.,
Of Boston, Mass.

This has been a theme of great interest, from very earliest times to the present, the older writers often feeling very timid in their treatment of any injury or wound, small or great, that should occur to the peritoneum, and giving almost always unfavorable prognostications, even in the slightest and most trivial injury to this membrane. In many cases, however, the more ancient mode of combating inflammation of all kinds, and particularly of this membrane, did prove fatal, no matter how assiduously the antiphlogistic treatment, internal and external, was applied.

We are taught, however, by more modern surgery, that by the application of water and the internal use of opium and veratrum viride, under proper hygienic rules, serious injuries of this membrane are not only combated, but brought to a more favorable issue.

This has been illustrated in our civil contest, and other late wars. The great tolerance of the membrane has been still further illustrated by that honored son of Kentucky, Dr. McDowell, and by Drs. Atlee, of Philadelphia, Peaslee, of New Hampshire, Spencer Wells, of England, and other ovariotomists, as well as by Dr. Heaton, in his numerous injections for the radical cure of hernia. I have heard from Dr. Heaton's own lips that—and so we are led to infer from his published work—he frequently punctured the peritoneum, both in the umbilical and inguinal region.

To illustrate this tolerance more fully, I would here relate a few instances of the many injuries to this membrane that I have known:—

In my earliest years Mr.—— called upon me. He had had the misfortune to receive a wound from a large rat-tail file, which struck him about

three inches above the symphysis pubis. It punctured the superficial integuments and the bladder near its fundus.

Here, it is true, we had a favorable portion of the peritoneum wounded, as regards subsequent inflammation.

Although the man had acute cystitis from the injury, still, after the wound had discharged pus and urine for some time, he made a good recovery, without any peritonitis.

Another patient, in the year 1856, while in the delirium of fever, jumped from an attic window into the door yard, upon a stump covered with dry roots. As he fell he was impaled through the perineum to the rectum, and the walls of the abdomen were pierced in several places, just above the base of the bladder and the crest of the ileum, on the right side of the linea alba, by those small, dry rootlets, which were jagged and rough, and varied in size from a goose quill to half an inch in diameter.

Yet from all this serious injury, suffering as he was at the same time with typhoid fever, he made a good and successful recovery, suffering, however, for some months, from paralysis of the neck of the bladder.

Still further to illustrate, I will mention Mr. H., a case occurring in my practice on Christmas eve, 1857. He was suffering from a wounded abdomen, which had been torn from the pubic symphysis to nearly the ensiform cartilage, by a dull jack-knife, used for the cutting of tobacco. From this wound most of the small intestines had escaped to the floor of a room covered with coal dust and the debris of a midnight carousal. After etherizing my disemboweled patient, I passed the intestines through my hands, bathing off, with warm olive oil, the filth adhering to them, and closed the frightful wound by deep sutures and adhesive plaster. Over the abdomen I laid a cloth covering of cotton wool, and upon this placed a bladder filled with ice, which was frequently renewed. I placed the man in bed, administered thirty drops of laudanum and an injection to the rectum, and gave, I must confess, a most unfavorable prognosis. To my surprise, I found on my first dressing, forty-eight hours afterward, that the wound had healed by the first intention, with no peritonitis or other intestinal or abdominal inflammation.

I may conclude these illustrations by mentioning a very remarkable case of rupture of the uterus, while in labor, and the escape of the child through the rent into the abdominal cavity. This resulted from a contracted pelvis. The woman had gone her full term, and the child, a large one, was extracted through the ruptured organ, a wound being made sufficiently large to admit the hand and arm of the gentleman with me, Dr. Benjamin Cushing, of Boston, so that I could feel his fingers and hand at the ensiform cartilage. This case was detailed at the time in the Boston *Medical and Surgical Journal*. Suffice it to say that she made a rapid recovery, without peritonitis, and in about the usual time as if she never had suffered from a ruptured uterus. You may judge of my surprise, when on the following morning, entering the patient's room with my autopsy case under my arm, I found, not the fine subject for study which I had anticipated (but was happily disappointed in), but the patient sitting up in bed eating a bowl of gruel, and in the most cordial manner saluting me with the compliments of the opening day.

I therefore feel more confident at the present time, after the experience I have had, that if in any way, by accident, as in injecting, for radical cure, the hernial rings, whether in umbilical, inguinal or femoral, I pierce this membrane, unfavorable results will not occur necessarily. As yet I have never had a fatal result in any of the cases where I was led to suppose that I might have punctured the membrane. I would not, nor would I advise any one to puncture the peritoneum, if it can possibly be avoided, however.

I am a firm believer, as you may infer from reading these cases, in the application of cold water or ice, either in rubber bags or in bladders. I have never seen a case of peritonitis, arising from any injury, that was not followed by favorable results if these means were used to allay the inflammation, and I have yet to see a case requiring the application of poultices or hot fomentations to bring about such favorable results.

These applications of poultices for abdominal inflammations involving the bowels, peritoneum, and the uterus, have been, I believe, the bane of surgical treatment by ancient physicians, and by some physicians of the present day. They are unnecessary, unless there has been an open wound and suppuration, and even in these cases a large majority, I think, would be better cured by the applications of cold, either dry or moist.

I can conceive that there may be some exceptions to the universal use of these cold applications, and in these cases hot stupes of terebinth and opium combined with chloroform might be useful, as, for example, in the puerperal diseases of women, involving the uterus and its appendages, and attended with great tympanitis, and also in the tympanitic condition of enteric and gastric fever. Still I think it will be found that

in very many of these cases the water or ice bags will be of the greatest benefit in a successful treatment of all these inflammatory actions. At least I have so found it in my practice, and I moreover prefer the ice in a bladder to that in a rubber bag, because the tissues of the body take more kindly to an animal tissue than to a smooth, clammy, rubber surface.

Every surgeon who has had much to do with operations and wounds in the abdominal muscles and integuments, particularly in the inguinal and pelvic regions, must be struck with the vast amount of sero-plastic lymph poured out from any injury or wound of these parts. Even in the application of a blister to this portion of the body it will be noticed that we have a far greater amount of serum poured out than we do when one is placed upon almost any other part of the body.

In the injections into the hernial rings, for the cure of rupture, we take advantage of this, and in some cases we may have a full occlusion of the hernial rings, even after we have partially divided some of the muscles and ligaments for the release of the strangulated intestine, and we obtain a far more favorable result than perhaps might be reasonably expected from so severe an operation. This takes place from the adventitious tissue formed by the serum lymph, and from the cicatrical contraction of the wounded muscles; hence any irritation of these fibres, fascia lata, etc., by means of astringent fluids injected upon them, will be found to produce a free effusion of this lymph, which soon becomes organized, and unites the oblique internal and external transversalis and transversalis fascia, and so forth, fully together, and the greater the amount of serous effusion, the more sure are we of obtaining this desirable result in the radical cure of hernia.

I have become so familiar with this condition and abundant effusion, that I can usually judge whether I shall get an occlusion and union of the parts of the hernial rings in my operation for the cure of rupture, in the course of forty-eight hours. After I have operated, should the effusion be slight, I do not anticipate a very satisfactory result, but on the contrary, if it be abundant, I look, and not generally in vain, for a most favorable and permanent cure of the hernia.

NOTICE.—Subscribers will oblige us by remembering that the period of subscriptions falling due is close at hand. Prompt remittance will be highly appreciated by the editor.

HOSPITAL REPORTS.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF DR. WILLIAM PEPPER.

Reported for the MEDICAL AND SURGICAL REPORTER.

Typhus Fever.

GENTLEMEN—There are two cases in the medical wards which present unusual and important conditions. They are both suffering from continued fever, but there are reasons for regarding the form of this fever as different from typhoid. This latter affection is so continuously prevalent in this community, as it is in most large cities, that it has gradually come to be felt that if a patient presents symptoms of a continued fever he is pretty certainly going to have typhoid. It is only from time to time that we have cases of relapsing or of typhus fever occurring in Philadelphia. Thus, although every year there are some few cases of death from typhus fever reported to the Board of Health, I think it is open to doubt whether, in the majority of such instances, typhoid has not been carelessly or ignorantly styled typhus fever. The following figures will show the reported mortality from the latter disease for eleven years:—

REPORTED DEATHS FROM TYPHUS.

1867	138	1873	31
1868	108	1874	26
1869	49	1875	24
1870	69	1876	27
1871	37	1877	15
1872	35		

They show that typhus fever has not prevailed in what could in any sense be called an epidemic form since 1870, and it has certainly been six or seven years since any cases of this disease have been admitted into the Philadelphia Hospital.

I will now read you the notes of the patient to whom I wish to ask your special attention.

J. W., age thirty years, living in a decent boarding house in the northwestern part of the city, and employed on the line of the Pennsylvania railroad, was attacked, about November 7th or 8th, with fever, weakness and headache; there were also at first nausea, with vomiting, and some spontaneous diarrhœa, with thin yellowish stools. He also had slight epistaxis. After the first two or three days his bowels became costive, and continued so throughout the case. Epistaxis did not recur and there were no bronchial symptoms.

On admission, the temperature was 104°, the pulse very rapid, small and weak; the mind was very dull, with occasional mild delirium; the conjunctiva was minutely injected, the pupils about normal; the tongue was very dry, but not heavily coated. A copious eruption was present when he was admitted. It existed on the trunk, front and back, and the thighs and calves, and on the arms, but was most marked on the anterior aspect of the trunk. Here the surface appeared mottled, being sprinkled, quite closely, with small, roundish, dark red spots, not elevated above the surface, and on pressure not disappearing entirely, but leaving a persistent centre,

while the peripheral zone of congestion went and came on pressure, when made or removed. During the two or three days succeeding his admission the size of the centre which thus remained persistent distinctly increased, until, in some instances, the whole spot was uninfluenced by pressure. No successive crops of eruption appeared. He has been treated with moderate doses of quinine (gr. xij. daily); fluid diet; small amounts of stimulus. The pulse improved soon, so as to indicate a favorable prognosis. The eruption began to fade on the 9th day. During the early morning of day before yesterday, Nov. 18 (10th or 11th day), an abrupt fall of temperature from 104° to 100° occurred, with free and general sweating. That evening the temperature rose to 102.5° but fell during the night, and has since continued normal, or even below normal. There was a corresponding fall in the pulse rate, and improvement in all other symptoms, so that at present (Nov. 20) convalescence is begun, and will probably progress rapidly.*

It will at once be noted that the symptoms of this case have been somewhat anomalous. In the first place, the eruption has clearly not been that of typhoid fever. In this disease, as you are all aware, the eruption appears about the end of the first week; occurs in successive crops, and is usually most marked over the upper part of the abdomen. It varies greatly in its amount, and bears no relation to the severity of the attack. The spots composing the eruption are lenticular or oval in shape, from one-half a line to two lines in diameter, and of a pale rose-red color throughout. They are slightly elevated above the surface, and disappear entirely on pressure of the finger, returning when the pressure is removed. Each crop of spots lasts a few days, and is, as a rule, followed by successive crops. In the present case it will be seen that the eruption differs markedly from the above. We do not know on what day the eruption appeared, as the man was not admitted until the seventh day of the disease. The eruption was then copious, extending over most of the surface. The spots were of irregular size and form; were not elevated above the surface. Pressure caused the outer ring of the spot to disappear at first, but the centre remained persistent, and later the entire spot, in many instances, was unaltered by pressure. There was no subsequent crop, and the first crop did not fade until the close of the fever. Associated with them was distinct mottling of the skin. This character belongs to the eruption of typhus fever of a moderately severe grade, for in this affection the eruption does bear a close relation both to the number of the petechiæ, the character of the spots, and the severity of the attack.

It appears to me necessary to consider this case, therefore, as one of typhus fever; and yet, while this view accords with the character of the eruption, in the course of the case there are some points which indicate that it must be a modified form of that disease. When relapsing fever prevailed here, and again, when cerebro-spinal meningitis prevailed, typhus was also prevalent, and it was noticeable that many cases of the latter were distinctly modified by the co-existing epidemic disease. Now, in this community, as already stated, typhoid fever constantly prevails, and I have very frequently observed cases of typhus fever which were apparently modified by association with that affection. Ordinarily, in typical cases, the two diseases present marked differences in almost every particular. We have seen how the eruption differs. There is also a difference in the conditions under which they arise. Typhoid occurs in all classes and all ages. Typhus occurs chiefly under conditions of filth, overcrowding and starvation, except when it occurs epidemically. The onset of typhoid is more gradual, the course is more slow and prolonged, and the approach of convalescence is also more gradual. In typhus the onset is much more abrupt, the duration shorter—ten to fifteen days, as a rule—and the end of the disease is often marked by a distinct crisis. I have had unpleasant proof, both of this more abrupt beginning and of the higher degree of contagiousness of typhus fever.

Late one night I made an autopsy on a patient who had died of malignant typhus. I well remember the instant, almost intoxicating, effect of the absorption, by inhalation, of the virus; before daybreak I had a chill, followed by a high fever, and a tedious case of typhus fever. So in typhoid fever there are certain special symptoms which are usually absent in typhus; the most marked of these are, epistaxis, bronchial irritation, and a distention of the abdomen, with diarrhœa; but you have heard that during the first two or three days, in the present case, our patient had epistaxis, nausea, vomiting, pain in the abdomen, with looseness of the bowels. It is true that these symptoms are not positive proof that any typhoid fever element is present in his case. They are more evidence of wide-spread congestion of the mucous membrane, which might occur here—a catarrhal attack coincident with the onset of his fever; still, such symptoms are rare in any continued fever, excepting typhoid, so that their occurrence at the beginning of a case of continued fever justifies the suspicion that it will prove of typhoid character. On former occasions when typhus has occurred in this city I have met with very many cases where these symptoms of typhoid were associated, while, on the other hand, there were cases of undoubted typhoid fever which did not present all of the characteristic symptoms, being modified by a coexisting typhus element. My suspicions in the present case are confirmed by the fact that two additional cases of fever of mixed type are now in the wards of this hospital.

It may then be regarded as an established fact, that typhus fever may have typhoid fever associated with it, so that the case would, with strict accuracy, be called one of typho-typhus fever, and it seems altogether probable, to me, that the present case is of that character. You see that the disease is terminated by a brief crisis on the 14th day, and probably the patient will have a rapid and uninterrupted convalescence. It is a curious fact that where you have a case of this mixed type, the mortality is not usually high. In cases where I have had the opportunity of

* The convalescence was unusually rapid and uninterruptod.

examining the lesions in the intestines, they have not been as far advanced as would have been the case had the attack been one of uncomplicated typhoid fever. I have felt it important to bring this case before you, not only on account of the great interest attaching to this irregular form of fever, but because it is not unlikely, if my view be correct, a considerable number of similar cases may be observed here before the winter is over.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

CLINIC OF LOUIS A. DUHRING, M D.,

Professor of Skin Diseases.

Circumscribed Phlegmonous Dermatitis, Due to Iodide of Potassium.

The patient, a woman sixty years of age, had been referred to Dr. Duhring, by Dr. T. C. Rich, on September 29th, 1879. She had been under treatment for rheumatism during some weeks previously, for which five-grain doses of iodide of potassium, with wine of colchicum, had been administered. About a fortnight before she had come under observation a singular eruption had made its appearance upon the forehead, in the form of a slightly inflammatory annular patch, half an inch in diameter, consisting of a number of pin-head-sized vesiculo-pustular lesions, and resembling an irritated example of ringworm. This had extended rapidly, so that in the course of four or five days it had attained a diameter of an inch and a quarter, and was accompanied by considerable thickening and infiltration, the pustular lesions having become more deeply seated, larger and more prominent. About this time, a similar but more deeply seated inflammatory patch appeared on the left cheek, studded with numerous pin-head-sized pustular foci of apparent suppuration. A third and fourth lesion manifested themselves on either side of the nose.

When first seen by Dr. Duhring the disease was at its height. The original lesion had reached a diameter of nearly two inches, and was a circumscribed, at points sharply defined, irregularly rounded, elevated, firm, thickened, inflammatory, reddish, violaceous patch. Its centre was a crusted, irregular depression, of a lighter color, and covered with a brownish crust, where the process was evidently subsiding. Over the patch, especially about the periphery, were numerous deep seated, yellowish, large pin-head sized, apparently sebaceous, pustular lesions, which had their seat manifestly in the middle and lower strata of the skin, evincing no disposition to rupture. These lesions were conspicuous, and presented a mammillated acne-form appearance on the cheek, where the patch was nodular, of a cherry red or violaceous color, with a slight inflammatory areola, while on the forehead they had, in some places, coalesced, giving the patch here situated a carbuncular look. The lesion on the ala nasi was the size of a large pea, sharply circumscribed, markedly raised, mammillated, and covered with a yellowish, tenacious deposit or coating, giving it a button-like or fungoid form. The fourth lesion was insignificant. When pricked or cut into, all the yellowish pustular points bled, but did not exude their contents, thus differing from ordinary pustules. The patient stated that the process had begun with itching, but that lately this had disappeared and had been replaced by a throbbing pain.

The patient was admitted to the hospital, and the iodide of potassium and colchicum mixture suspended. No local treatment was ordered. Two days later the disease presented an aggravated appearance, but there was otherwise no change. The following day a diminution in the color was noted, and the next day a disposition to dessicate and a decrease in size. From this date the amelioration was rapid, and the patient was discharged, quite well of the skin disease, at the end of a fortnight.

In commenting upon the case, Dr. Duhring said that when the patient first came under observation there was no history of the administration of iodide of potassium, and that the diagnosis had rested, in his mind, between two diseases, viz.: dermatitis, from the internal use of bromide of potassium, and an undescribed disease presenting very similar clinical features, of which he had recently seen a well-marked example in the ward for skin diseases of the Philadelphia Hospital, a full report of which was in preparation. Iodide of potassium had not occurred to him as a cause, having never encountered or heard of a similar eruption following the use of this drug. Some years ago (in 1869), when in London, Dr. Duhring had been taken by the late Dr. Tilbury Fox to see the case of an epileptic boy, under the care of Dr. Cholmeley, who was found to be suffering from a very extensive inflammatory eruption, in the form of palm-sized, raised, infiltrated, painful patches, involving, chiefly, the sebaceous glands. This eruption was determined to be due to the bromide of potassium, which the boy had been taking. This case was subsequently reported. A similar one may be found in the Sydenham Society's plates of skin diseases. Both of these eruptions were due to the bromide of potassium; the peculiarity of the present case lies in the fact that the manifestation is due to the iodide, and not the bromide of potassium.

Ignipuncture in the Treatment of Fungous Arthritis.

The following are the conclusions of M. Chalot on this subject:—

The great advantage of the thermo-cautery is, that it enables the practitioner to graduate the temperature, and that it is easily applied. The thermo-cautery acts in the depth of the diseased tissues to which it has been applied.

The author distinguishes between intracapsular and intraosseous ignipuncture, according to whether the cauterization penetrates only into the fibro-serous capsule of an articulation or into the osseous extremities of the joint.

If a limb with fungous arthritis be maintained in a state of methodic immobilization before suppuration and ulceration have set in, and thermo-cautery is applied at the same time, good results may be confidently expected, as it modifies the nutrition of the diseased tissues and produces sclerosis of the fungosities.

Editorial Department.

Periscope.

On the Treatment of Tinea Tonsurans.

In a clinical lecture reported in the *Lancet*, November, 1879, Dr. Robert Liveing says—

Nothing is easier to cure than tinea tonsurans of the trunk, or more difficult to deal with than the same disease when it is well established on the scalp. It is important that you should understand how the remedies in common use act. They may be conveniently divided into two classes—(1) Those which act by setting up sufficient inflammation in the skin to lead to the destruction of the disease; (2) Those of a milder kind, which act simply as antagonistic to the development of the Trichophyton tonsurans. To the former class belong such remedies as acetum cantharidis and strong acetic acid; to the latter belong sulphur ointment, the white precipitate ointment, and sulphurous acid lotion. Many remedies combine, as it were, these two properties; as, for example, chrysophanic acid ointment, iodine liniment, and strong carbolized glycerine. How are you to choose between all these and many other remedies? You must be guided by circumstances, and take into consideration both the age of your patient, and also the extent of the mischief. *Strong remedies are always contraindicated in very young children;* a little tincture of iodine painted on once a day, for a few days, followed by the use of the white precipitaté ointment, is all that is necessary. In older children stronger treatment must be used, but even then you must be guided in your choice by the extent of the mischief. It is very unwise to make a large sore place on the scalp, as it will very likely give you and your patient more trouble than the ringworm itself. If, however, the disease is in an early stage, and consists of one or two small circumscribed spots, your best plan is to cut the hair short all round the spots, and apply with a brush Coster's paste, acetum cantharidis, or iodine liniment. At this stage a few applications will sometimes arrest the mischief. A single painting with pure carbolic acid is thoroughly effective, but it is a strong remedy, and gives some pain. Always bear in mind that it is very unwise to trust strong remedies to unskilled hands. When the disease extends over a large surface, you must be content with using milder measures—tincture of iodine of double strength, painted on every day, is a good and safe mode of treatment. This may be followed up by the use of the nitrate of mercury ointment, diluted according to circumstances, or an ointment containing the red and white precipitate of mercury and sulphur, or the oleate of mercury (10 per cent). For many years I have used, in certain cases, goa powder or chrysophanic acid ointment (thirty grains to the ounce is usually strong enough), and I have found it a very effective remedy, but there are great drawbacks to its general use. First, it stains everything with which it comes in contact, and in the second place, we are uncertain as to the amount of inflammation it may set up; some children bear it well, while in others it produces so much irritation, swelling, and discoloration of the skin, as to alarm those who use it. It must, therefore, be used with caution, and patients should be warned of its properties; nevertheless, I repeat, it is a very effective remedy.

Your success in the treatment of ringworm will depend on your choosing your remedies with judgment, being guided in your choice by the circumstances of the case, and always bearing in mind that you have to steer, as it were, between setting up too much inflammation on the one hand, and not using sufficient strong means on the other. Whatever treatment, however, you adopt, you will meet with a certain number of cases that defy your best efforts, and that get well only, perhaps, after years of tedious care. As a rule, shaving the head is quite unnecessary, but the hair should be kept quite short. Skull-caps are best avoided, as liable to propagate the disease. With regard to epilation, which is so largely used in France as a mode of treatment, I do not find that it is often necessary; it is, however, occasionally useful. Take, for example, the case of a boy anxious to return to school, who has a patch of chronic tinea tonsurans. In this case the extraction of the diseased hairs will shorten the treatment required, and enable him to return to school cured somewhat sooner than would otherwise be possible. Lastly, most observers agree that ringworm is often associated with a generally unhealthy condition of the skin, which is badly nourished. Under these circumstances, tonics, such as iron and arsenic, are often useful. This is quite in accordance with the fact that many strictly local affections are influenced by general treatment.

The Distinctions between Croup and Diphtheria.

That croup and diphtheria are distinct diseases is maintained by Dr. W. H. Day, in the *Medical Press and Circular*, and he points out the following distinctions:—

We constantly meet with genuine croup, of an acute and local inflammatory character, leading to the well known false membrane in the trachea and larynx, as described by the old-fashioned authorities. It seems impossible that we can mistake this true croup (which we have been in the habit of meeting with all our lives) for the peculiar membranous inflammation of the trachea sometimes seen in cases of diphtheria. It is well to glance at some remarkable points of difference in the two affections.

1. True croup is prone to attack the healthiest children, and in districts where diphtheria does not prevail.

2. True croup is apt to come on very suddenly, and in cases of recovery the general health is rapidly reëstablished, as compared with diphtheria.

3. In diphtheritic croup the disease is of a well marked character, and is always accom-

panied by great depression and nervous symptoms.

4. Croup is a local disease; diphtheria is a constitutional affection, in which the kidneys and intestines may be involved. Croup is neither infectious nor contagious; diphtheria is both.

5. The cases that recover from diphtheritic croup are few, and the convalescence is not only very slow and tedious, but the throat affection is usually preceded by a characteristic membrane on the palate, and the prostration is always great. Partial loss of voice, fetid breath, swollen neck and glands, diminution of muscular power, paralysis of the muscles of deglutition, and albuminuria, are common in diphtheria; but they are not witnessed in inflammatory croup.

6. Between croup and diphtheria there is also another very important diagnostic difference; diphtheria generally begins in the pharynx, croup in the larynx. The false membrane found in the larynx in cases of genuine croup is quite different from the leathery or yellowish gray exudation found on the tonsils, in the larynx and bronchial tubes, in cases of diphtheria. The pathological differences between croup and diphtheria are open to further contrast. In the early stage of croup there is an increase in the vascularity of the affected membrane, as in severe catarrh, with a trifling amount of inflammatory exudation. This is succeeded by fibrillation of the exuded lymph, which, with the new-formed cellular elements, becomes transformed into the characteristic *false membrane*. Its consistence varies, being in some cases tough, in others soft and amorphous, and easily removed from the mucous membrane beneath. In the larynx and upper part of the trachea, where the inflammation is most acute, the exudation is croupal or membranous, and is very characteristic of true croup, but in the lowest part of the trachea and diverging bronchi there may be nothing more than a scanty superficial layer of mucus.

"It is difficult in many cases to draw any line of demarcation between the histological changes occurring in diphtheria and those of croup. In diphtheria, however, the submucous tissue usually becomes more extensively involved, so that the false membrane is much less readily removed. The circulation also often becomes so much interfered with that portions of the tissue lose their vitality, and large ash-colored sloughs are formed, which, after removal, leave a considerable loss of substance."

7. If croup were identical with diphtheria, it seems to me that the operation of tracheotomy would rarely succeed; whereas it is often successful when false membrane has blocked up the tracheal tube, and has been removed from time to time after the operation.

Effects of Tea on the System.

Dr. W. J. Morton, of New York, describes a nervous disorder resulting from excessive tea drinking (*Journal of Mental and Nervous Disease*, Oct.), and adds these general conclusions on the subject:—

1. With tea, as with any potent drug, there is a proper and improper dose.

2. In moderation, tea is a mental and bodily stimulant of a most agreeable nature, followed by no harmful reaction. It produces contentment of mind, allays hunger and bodily weariness, and increases the incentive and the capacity for work.

3. Taken immoderately, it leads to a very serious group of symptoms, such as headache, vertigo, heat and flushings of body, ringing in the ears, mental dullness and confusion, tremulousness, "nervousness," sleeplessness, apprehension of evil, exhaustion of mind and body, with disinclination to mental and physical exertion, increased and irregular action of the heart, increased respiration.

Each of the above symptoms is produced by tea taken in immoderate quantities, irrespective of dyspepsia, or hypochondria, or hyperæmia. The prolonged use of tea produces, additionally, symptoms of these three latter diseases. In short, in immoderate doses, tea has a most injurious effect upon the nervous system.

4. Immoderate tea drinking, continued for a considerable time, with great certainty produces dyspepsia.

5. The immediate mental symptoms produced by tea are not to be attributed to dyspepsia.

In the above experiment upon myself, the whole group of symptoms was produced, with no sign of digestive trouble superadded.

6. Tea retards the "waste," or retrograde metamorphosis of tissue, and thereby diminishes the demand for food.

It also diminishes the amount of urine secreted.

7. Many of the symptoms of immoderate tea drinking are such as may occur without suspicion of tea being their cause; and we find many people taking tea to relieve the very symptoms which its abuse is producing.

How to Educate the Color Sense in Children.

Dr. Swan M. Burnett, of Washington, in a reprint, gives the following instructions on this point:—

Since the main object is to enable the child to discriminate between the various colors, the method of comparing one color with another must be the one employed. But the child should at the same time be taught the names of the colors and shades, for in his descriptions of colors it is important that he be able to convey to others the impression which he has himself received, in language not to be misunderstood.

To fulfill these indications in the simplest and most satisfactory manner there are required—

1. A set of "sample" colors, with which comparisons are to be made.

2. A lot of colors from which the pupil is to select colors to be compared with the "sample."

I arrange the "sample" colors in the following way:—

Take a half-sheet of white perforated card board (42x26 cm.), with the largest size perforations, and work into it, with Berlin wool, bars 18 cm. in length and 35 mm. in width, of each of the following colors, red, green and blue, with a distance of 1.5 cm. between them. These should be as pure as possible, and represent the three primary colors.

Then, beginning 3 cm. below, work in, at the same distance apart, each of the following colors, of medium shade, and as pure as can be got, purple, orange, yellow, pink, brown and gray. A single skein of Berlin wool is generally enough to work a bar of the required length and width, which is sufficiently large to be seen distinctly across any ordinary school room by a normal eye. This card is to be placed on a white background, on the wall, in sight of all the pupils.

The first step in the plan of instruction would be for the teacher to point out the various colors to the whole class, and give the names by which they are known, explaining that red, green and blue are the primary colors. Afterward each pupil is required to name all the colors when pointed out, in the hearing of the whole class. After the pupils shall have been able to name correctly any color pointed out on the card, the teacher will explain to them what a shade is, that it may be lighter or darker than the sample, etc., and taking a package of Berlin wools containing all the shades of the nine colors, will proceed to pick out and exhibit to them all the shades of one of the colors—red, for example. Each of the pupils will then be called upon to pick out the shades in the same way, after they have been thoroughly mixed up with the other colors in the pile, arranging them in regular order, from darkest to lightest.

The same process must be gone through with the other colors on the card.

From this point the instructions can be carried forward as far as the time and desires of the teacher will allow.

Ovarian Pressure in Hystero-epilepsy.

It has been demonstrated, by Prof. Charcot, that pressure on the ovary will not only arrest a convulsive attack of this disease, but prevent its appearance. Miss Alice M. Hart says, in the London *Medical Record*, on this subject—

To be able to keep up the pressure for a considerable length of time, M. Poirier has invented an ingenious modification of an abdominal tourniquet. By its means direct and limited pressure on the hyperæsthetic ovary or ovaries, can be kept up constantly for an indefinite period. The instrument is easily adjusted, and the patients can manage it themselves, increasing or diminishing the pressure, as they know by their own sensations they are more or less menaced. It is absolutely painless, and may be worn consecutively for forty-eight hours, without any bad consequences whatever. As long as the pressure is exerted, no convulsive attack occurs, and any attack once commenced may be instantly cut short by the *tourniquet* being applied. The hysterogenic spots do not exist while pressure is kept up, but return directly it is relaxed. We have frequently seen in the wards of M. Charcot, a patient lying quietly and happily in bed, encircled by an ovarian compressor, who, were it not for the pressure it exerts on the ovary, would be the prey of a series of violent hystero-epileptic attacks. This fact may be forcibly demonstrated by removing the instrument, when instantly the convulsive attack commences; but it is as certainly and speedily arrested by the pressure being re-applied. Not all patients are equally sensitive to ovarian pressure, and in some rare cases it does not succeed at all. It will be remembered that pressure on the ovary in a patient not in a convulsive condition is capable of producing the aura hysterica, and even a convulsive attack. It has also been found that other means provocative of an attack are, when an attack is fully established, capable of giving relief. These are more particularly the inhalation of ether and chloroform, and pressure on the hysterogenic spots. Ice on the region of the ovary will, if applied when the prodromata are first perceived, diminish the intensity of the attack, and perhaps prevent the convulsions altogether. The use of the continuous current has been found to be very valuable as a palliative. The continuous application of a current of from 5 to 10 elements of Trouvé's pile will not arrest the attack, but will diminish its intensity, and the series will be fewer in number; a current of from 10 to 15 elements will cut short the convulsions, and the patient falls into the delirious condition of the fourth period; in some cases, however, the most violent attack can be completely arrested by passing a current of from 40 to 80 elements through the head, and suddenly reversing the current. The patient awakes as if astonished, puts her hand to her head, and becomes perfectly conscious. M. Bourneville has made, at the Salpêtrière, a great number of observations on the influence of nitrite of amyl, and he has conclusively demonstrated that its administration will immediately arrest the convulsive attacks, and will, moreover, diminish their number.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An Atlas of Human Anatomy, to contain 180 large plates, is announced by A. E. Wilde & Co., Cincinnati.

——In a reprint from the *Archives of Medicine*, Dr. Edward Seguin gives a description of "the psycho-physiological training of an idiotic hand;" an admirable description of the education of an idiotic boy, such as few besides himself could either accomplish or describe.

——Part VI of Dr. Duhring's *Atlas of Skin Diseases* contains plates of syphiloderma, erythema nodosum, seborrhœa, and papulous eczema. The chromo-lithographic plates are colored, and printed with the utmost fidelity, and as typical examples of the diseases they represent, come up to the most exacting standard. The text, as usual, is brief and practical. Published by J. B. Lippincott & Co., Philadelphia.

——A Committee of the Iowa State Medical Society, Dr. W. S. Robert on Chairman, have

drafted an Act to establish a State Board of Health in the State of Iowa; to provide for the appointment of a Superintendent of Vital Statistics; and to assign certain duties to local Boards of Health; to present to the next assembly. Copies can be had by addressing Dr. Robertson, at Muscatine, Iowa.

——No. VII of the American Health Primers, edited by Dr. W. W. Keen, is upon "The Mouth and the Teeth," by Dr. J. W. White. He describes the anatomy and development of the teeth, the care of temporary teeth, their shedding and the eruption of the permanent teeth, the relation of food to teeth, their irregularities, defects, decay and hygiene, and artificial dentures. A large amount of information is conveyed in a direct, unostentatious style, and we should not be surprised if this were one of the most popular members of the series. Published by Lindsay & Blakiston, Philadelphia.

——A subscriber, who has our thanks, though he doesn't give us his name, has sent us a copy of Dr. Shipman's translation of the late Dr. Von Grauvogl's brochure, entitled, "The Homœopathic Law of Similarity." We presume the anonymous donor either expected it to convince us, or wanted it criticized. As it has failed of the first effect, we treat him to the second. The radical scientific error of all dogmatists is in their ignorance of the meaning and scope of what is called "natural law." This is exhibited most strikingly on page 9 of this work, where the author undertakes to prove that by the process of *abstraction* we can reach from a single case the same certainty as by the process of induction. Any one even superficially acquainted with the logic of the sciences will see the absurdity of this statement; but upon it rests the whole argument of the book. *Sat. sap.*

BOOK NOTICES.

A Text Book of Physiology. By M. Foster, M.A., M.D., F.R.S. With illustrations. Third edition, revised. London and New York, MacMillan & Co., 1879. Cloth, 8vo, pp. 720. Price, cloth, $3.50, sheep, $4.50.

Dr. Foster's book is an admirable production, and for the physician whose physiological reading has lain fallow for years, and who wants to renew acquaintance with that science in its modern phase, we know of no more refreshing volume to recommend him. The writer starts by taking the simplest organism known to biologists, the Amœba, and ascertains its fundamental vital properties. Upon these he builds the physiological classification of the tissues of the human body, which he discusses, one by one, in the order of their native prominence. The blood, the contractile tissues, the nervous tissues, the vascular mechanism, the tissues of chemical action, of reproduction, of nervous action, etc., form subjects of chapters and sections. Thus, in a thoroughly philosophical, and yet strictly simple and direct, manner are all the parts and functions of the body displayed.

The author often suggests much that as yet cannot be expressed in terms of knowledge, and which offers food for thought and study, as when he proposes the question how far the rhythm of the heart is the result of cosmical changes, or how far it is the outcome of the inherent vibrations of its constitutional molecules. The chapter on the "phases of life" has several such glimpses into possibilities.

The present edition has been carefully revised, and is issued in good style, and the publishers announce that a cheap student's edition will shortly be ready.

The Medical Register of New England. By Francis H. Brown, M.D. Boston, Houghton, Osgood & Co. 12 mo., pp. 450.

In this edition of his meritorious work, Dr. Brown has made considerable additions to previous ones, and we believe that every New England physician would find in it considerable matter which he would like to know. There is first a description of all the medical associations and societies; then medical schools, hospitals, dispensaries, asylums, boards of health, medical libraries, museums, prizes, etc. The directory includes not only physicians, but chemists, veterinary surgeons, leechers, instrument makers, nurses, etc.

Infant Feeding, and its Influence on Life. By C. H. F. Routh, M. D. Third edition, 1879. Wood's Library of Standard Authors.

Dr. Routh first brought out this treatise about twenty years ago, and as he has been in active practice ever since, he has had ample opportunity to test the validity of the views he puts forth. He has the reputation of being idiosyncratic, not to say notional; but the examination we have given this book has not revealed any singularities of importance. It is surprising that he says nothing of condensed milk; and several recent and popular "infants' foods" are likewise not mentioned. The second part of the work contains some valuable chapters on lactation.

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THE STUDY OF NEW REMEDIES.

With regard to new remedies, a great many physicians take one of two sides; either they are like the ancient Greeks, lovers of novelty, and ready to run after almost any new thing; or they are hidebound and stiffbacked, refusing to use or to try anything until they are forced into it by the demands of their patients or the success of their competitors.

It is needless to say that both these camps are in the wrong, and that here, as in so many other matters of conduct, the middle way is the safest. Progress comes by proving all things and holding on to that which is good—quite as much in the holding on as in the proving, however. Physicians must exercise greater caution in testing novelties than any other branch of investigators. They deal in human life and human fate, and pain and death follow the tracks of experimenters in these precious articles. It was long since said, by an eminent English surgeon, that two results followed him who tried many new remedies—he soon lost his patients, and soon had no patients to lose. For all that, it is blind conservatism to refuse the aid of fairly approved methods because they are novel.

No doubt the woods and fields of this country hold plants whose virtues would be as beneficial, if known, as cinchona and ipecac.; no doubt chemistry will discover more valuable agents than chloral and carbolic acid. Hence no one should turn his back on these fruitful and promising fields of research.

Especially does the indigenous botany of the United States deserve the close scrutiny of medical men for plants of medicinal powers. Hitherto there has been no systematic and scientific course pursued in its investigation. The traditions of frontiersmen or the recipes of old wives have guided the inquirer more than anything else; and it must be added that those who have most profited by it have not been the regular profession, but the members of narrow sects, botanic and eclectic doctors.

It is time that this should cease, and that scientific medical men should address themselves to ascertaining what are the actual properties of the numerous plants with therapeutic powers. In the first place, every such plant should be correctly identified. For this, the common name is but little guide. In different parts of the country the same name is applied to several diverse plants; or several are jumbled under one. For example, no less than nineteen different species of plants, belonging to eight different genera, are known as "snake root" in various parts of the United States; under the allied names "squaw root," "squaw weed," or "squaw bush," plants belonging to nine different genera are designated. Hence it is absolutely impossible to secure any accuracy from such appellations.

Having identified the plant, the next step should be to collect from literature, both medical and popular, its claims as a therapeutic agent. Common and trivial sources should not be despised. Open secrets of value have lived for generations among the populace, disregarded by the profession. Much has been learned by

surgeons of this generation, from the popular arts of "bone-setting."

These claims thus collected, the investigator should take the plant to the laboratory, and study its physiological properties by experiment, and its chemical and pharmaceutical constituents, its proximate principles and active alkaloids, its most active preparations, and its parts most fully developing its special properties. This is a long labor, but an essential one. Here the assertions of the multitude are brought to the first test of their value.

Finally, its actual effects in disease should be observed, both in those maladies which first gave it a claim to be noticed, and in those for which its physiological properties would appear to adapt it. For this purpose, specimens of the most efficient preparation, properly put up, and accompanied by a statement of what previous study had elicited, should be placed in the hospitals and dispensaries, and in the hands of physicians best calculated to observe and report correctly.

The sum of these reports, analyzed and presented in compact form, would either indicate the inertness of the plant, or give it, provisionally, its proper position in the materia medica.

This scheme, indeed, involves vast labor if applied to any great number of claimants for recognition: but the work once done, it would stand, and little by little the field could be gone over, and satisfactory results reached. Moreover, it is not entirely fresh, and there are already scattered in numerous books, journals, and monographs, a great deal of information, little known because so scattered, which could be utilized.

THE REPORT OF THE SURGEON-GENERAL.

The annual report of the Surgeon General, U. S.A., for the year ending June 30th, 1879, has been published. It informs us that the average mean strength of the army is, whites, 21,710, colored troops, 1917. The average number of the former constantly on sick report was 44 per thousand, and the deaths 12 per thousand. The average number of the colored troops constantly on sick report was 40 per thousand, and the deaths 14 per thousand.

The enormous amount of work in the pension and record division of the Surgeon General's office may be judged from the fact that the number of new official demands upon this division during the fiscal year, for information as to the cause of death in the case of diseased soldiers, and the hospital record of invalids, was 22,339. Of these, 19,427 were from the Commissioner of Pensions, 2498 from the Adjutant General of the Army, and 414 from miscellaneous sources. The total number of new cases was greater by 1265 than the number received during the previous fiscal year, and greater by 1954 than the average number of new cases received annually during the nine previous fiscal years. In addition to this large number of new cases, the Division was burdened, at the commencement of the fiscal year, by a heavy amount of arrears from former years.

This sudden increase in the number of new cases sent to the office is consequent upon the operation of the Act of Congress approved January 25th, 1879, granting arrears of pensions, etc., and especially the operation of the third section of said act, which repeals the statute imposing certain limitations in the prosecution of pension claims. By the provisions of that Act a large amount of additional work has been thrown upon the Pension Office, and a very considerable proportion of the new cases are necessarily referred to this office for the hospital records of the soldiers concerned. Hence, the Surgeon General very properly asks for additional clerical assistance, in number, about forty additional clerks.

The Army Medical Museum has been considerably increased in all its sections. The Medical and Surgical History of the War has proceeded to Part III, which will complete the work, and both volumes of this part are well under way.

About 3000 volumes, and 3500 pamphlets have been added to the Library during the past year, making the total number about 49,000 volumes, and 53,500 pamphlets.

The first part of the Index Catalogue has been sent to press, an appropriation having been granted by Congress, at its last session, for printing the first two volumes.

Of 130 applicants for the post of Assistant Surgeon, 13 had been found qualified, out of 92 examined.

At the date of the last report there existed fifteen vacancies in the Medical Corps, in the grade of Assistant Surgeon. During the past year one Surgeon, with the rank of Major, has been retired; one Surgeon, with the rank of Major, and one Assistant Surgeon, have died; one Assistant Surgeon has been dismissed; two Assistant Surgeons have resigned, and seven appointments of Assistant Surgeons have been made; leaving, at the present time, two vacancies in the grade of Surgeon, with the rank of Major, and twelve in the grade of Assistant Surgeon.

The deaths occurring among Medical Officers since the last report are as follows:—

Major Samuel A. Storrow, Surgeon, died at San Francisco, California, July 12, 1879.

Captain Jenkins A. Fitzgerald, Assistant Surgeon, died at Columbia, Pennsylvania, August 11, 1879.

Brigadier General Clement A. Finley, Surgeon General (retired), died at his residence in West Philadelphia, September 8, 1879.

Notes and Comments.

Therapeutical Notes.

SEBORRHŒA OF THE SCALP.

Dr. L. D. Bulkley, in moist seborrhœa, washes the scalp with—

℞ Saponis viridis, ℥ iv
Alcoholis, ℥ ij. M.

Use every third night.

And apply every night—

℞ Acidi tannici, ℥j
Unguenti petrolei., ℥j. M.

Rub well in to the roots of the hair.

After the ointment has been applied a week or so, change it for the following lotion:—

℞ Acidi carbolici, ℥ ss
Glycerinæ, ℥j
Aquæ rosæ, ℥iv. M.

In dry seborrhœa the treatment is the same, except that in place of the tannin the application should be citrine ointment, diluted with three times its amount of aquæ rosæ (*Archives of Dermatology*).

WASH IN POST-NASAL CATARRH.

In post-nasal catarrh, for cleansing and stimulating the membranes, Dr. Carl Seiler, of this city, uses the following, with beneficial results—

℞ Zinci sulphatis, gr.x
Tinct. benzoini comp., ℥j
Aquæ destil., Oj M.

Employ with the nasal douche.

WASH IN FETID CORYZA

In chronic coryza, with fetid secretion—a most unpleasant affliction—Dr. J. Solis Cohen says that the most efficacious wash he has employed is—

℞ Aquæ chlorinii, ℥j
Aquæ, Oj.

Use with the nasal douche.

The skin, kidneys and bowels must be kept active by frequent bathing and an occasional purge. A cure requires months of treatment.

Condensed Milk as Infant Food.

The evidence seems pretty conclusive that this preparation is not suitable as a regular dietetic in infancy. A correspondent of the *British Medical Journal* states that his experience has been, that while in many cases of diarrhœa it is an extremely valuable medicinal agent, yet, as a daily article of food, it proves most deleterious, the infants often appearing to thrive while taking it; but this is true only as far as fat is concerned, for the bones too often become rickety, the skin covered with eczematous and other eruptions, and if attacked with severe illness, the little patients quickly, and often suddenly, succumb. That many children are brought up on the condensed milk to the satisfaction of their parents cannot be denied, but that the consequences are often injurious, is equally certain.

Fatal Asphyxia Occurring at Remote Periods after Anæsthesia.

In the *Gazette des Hopitaux*, Nos. 80 and 103, an account is given of a case which occurred in Prof. Richet's practice, of a patient who, having inhaled chloroform during amputation of the breast without any immediate ill effects, was seized on the second day after the operation with bronchitis, with suffocating breathing, which proved fatal. Four similar cases occurred in M. Richet's practice which pursued the same course, one of the features in common being their occurrence in obese persons.

Position in Removing Foreign Bodies from the Ear.

It is mentioned in the London *Medical Record* that Prof. Voltolini relates the case of a boy, aged 3¼ years, from whose ear he removed a glass bead, by syringing, according to the following method. The patient's head is placed in such a position that the upper wall of the meatus is lowest, and *vice versâ*. This is accomplished by laying him on his back on a table, and allowing the head to hang over the end. The auricle is at the same time drawn in the usual direction. The advantage of this method, according to the author, rests on the fact that (owing to the oblique position of the drumhead), when the position of the head is reversed as above, a foreign body lodged in the hollow formed by the membrane and the lower wall of the meatus, will, when set in motion by a stream of water, roll along the inclined plane formed by the drumhead, and thus be washed out along the upper wall of the meatus. In the present case the bead was easily removed by this method, although syringing *in the standing posture* on the previous day had failed to bring it away.

Alligator Oil.

Years ago alligator oil was obtained in large quantities in Florida, and was used generally for burning and lubricating purposes. The fat is principally found on the tail and around the intestines. An East Indian physician states that crocodile oil, which is probably substantially the same, contains a larger proportion of solid fat than either the neat's-foot or cod-liver and other fish oils. It solidifies at the melting point of ice, while neat's-foot oil only slightly thickens, and the others scarcely thicken. He also tried the softening quality of the various animal oils on leather, and on comparison found the leather treated with crocodile oil remained much stiffer than that treated with other animal oils. Whether there is any dietetic or medicinal use of alligator oil we have not heard.

Relation of Age to Typhoid Fever.

Although typhoid fever is much more common in youth, it is not altogether rare in persons of advanced age—over fifty, for instance. Dr. Murchison records that of 1772 cases at the London Fever Hospital, 26, or 1.5 per cent., exceeded that age—a proportion which is larger than at first appears, when it is remembered that less than one-seventh of the entire population of England and Wales is constituted by persons above fifty, and that many who survive that age have acquired an immunity from the disease by a previous attack. Nine cases were noted at the Fever Hospital above sixty; one of them, a man, had rose spots, and called himself seventy-six, but did not look more than sixty. Trousseau records the case of a woman, aged sixty-four, in whose body the characteristic abdominal lesions were found after death. These lesions have also been found by Wilks, in a woman, aged seventy; by Lombard, in a woman, aged seventy-two; and by M. d'Arcy, in a woman, aged eighty-six.

Poisons and Antidotes.

In an interesting article on this subject, by Dr. F. A. Falck, which we find referred to in Schmidt's *Jahrbücher*, the writer points out that the so-called antagonism of opium and belladonna was noticed by Albinus and others, as early as 1570. A real antagonism does not exist, according to Falck. His conclusions are as follows:—

1. Atropin is a true antidote for muscarin; but not the latter for the former.

2. Duboisin is also a true antidote for muscarin.

3. Atropin and duboisin are also antagonistic to piloearpin.

Atropin and physostigmin,
Strychnin and chloral hydrate,
Chloral hydrate and atropin,
Morphine and atropin,

Are all respectively antidotal in a pharmacological sense, but not in a physiological one. That is, the one will diminish the symptoms caused by the other, but will not produce contrary physiological effects.

The Relations of Cardiac and Gastric Disease.

At the last meeting of the French Association for the Advancement of Science, M. Teissier, Jr., said he had met with about a dozen cases of heart disease that could be traced back to gastro-hepatic troubles. The affection was developed very slowly and gradually. One of its first symptoms was the abnormal loudness of the second sound of the heart; later on, the same sound became double, and finally was transformed into a blowing murmur, connected with insufficiency of the tricuspid valve and a venous pulse. M. Teissier attributed the origin of this secondary affection to a peculiar condition of irritation of the sensory fibres of the abdominal sympathetic nerve, which is transmitted to the pneumogastric nerve, and gives rise to a spasmodic contraction of the pulmonary vessels. This tends to increase

the blood-pressure within the pulmonary circulation; the right heart is forced to overwork, and finally undergoes very serious structural alterations (dilatation, hypertrophy, and relative valvular insufficiency). In the discussion which followed, M. Francois-Franck remarked that the disturbances might perhaps rather be accounted for as caused by the cervico-thoracic portion of the sympathetic nerve.

Swallowing a Safety Pin.

A remarkable case is reported to us in a letter from Dr. G. S. Trezevant, of Columbia, S. C. A little girl, three and a half years old, swallowed what is known as a safety or diaper pin, the point of which rests in a sheath when closed, but when not, opens, by a spring, to the width of ¾ of an inch. This formidable apparatus was swallowed when opened. Dr. Trezevant's advice to the parents was to abstain from all medication, as the only hope for the child's safety was for the pin to become imbedded in the fæces, so as to guard the point, and to feed the child on such nourishment as would favor constipation. The little girl did not have an ache or pain: bowels open regularly once every day. Two weeks, exactly, after the pin had been swallowed, it was passed, imbedded in the solid fæces.

We would call attention to the sound wisdom of this advice. It was exactly right: yet we have known physicians who, in similar cases of swallowing foreign bodies, advised spare diet and cathartics. Nothing could be further from correct practice.

Limits of the Animal and Vegetable Kingdoms.

The *Journal* of the Franklin Institute observes that Prof. Stein, in his beautiful work on the flagellate Infusoria, distinguishes the lowest animals from vegetables by the simultaneous presence of vibratile cilia, contractile cavities and a nucleus. Protozoans have all three of these organs, but he thinks this cannot be said of any vegetable. E. Maupas shows that the zoospores of two Algæ, the *Microspora floccosa* and an unclassified *Oedogonium*, have well marked nuclei, together with the cilia and contractile cavity, and concludes that neither physiology nor morphology furnish any criterion for distinguishing animals from vegetables. Claude Bernard has established the biological unity of all living organisms, and protozoans and protophytes can only be classified by means of their tendencies and affinities.

The Solar Cautery.

Referring to the opinion expressed in this journal, that the solar cautery has no practical value, the junior editor of the *Pacific Medical and Surgical Journal* states that he is in possession of ample evidence to the contrary, which he courteously offers to adduce. It would give us much pleasure, personally, to witness his use of the cautery, but circumstances forbid. Our opinion was based on our own experiments with the cautery, and by the fact that it has been found unmanageable by most surgeons, and after having been repeatedly introduced, has always fallen into desuetude. There may be a *tour de maître* in its use which we and others never caught.

Iodide of Potassium and Calomel in Ophthalmology.

Dr. Schlæfke (*Graefe's Archiv*, vol. xxi. 2, p. 251) refers to the fact which has frequently been observed, that the external application of calomel may give rise to severe inflammation of the conjunctiva, if used simultaneously with the exhibition of KI internally. This he explains by the formation of iodate and iodide of mercury, which, in the presence of common salt, or KI, are soluble, and act as caustics. He finds that if KI be taken twice daily in 0.5 grain doses, its presence can be constantly detected in the conjunctival sac.

Bandaging the Infant.

As evidence in favor of dispensing with bandaging infants at birth, Dr. O. P. Langworthy, of Louisiana, writes us, that of late years he has entirely abandoned this ancient ceremony, and that in the now very large number of cases where he has not applied the bandage not one gave any subsequent trouble, so far as the condition of the umbilicus was concerned. In one or more cases which he can recall, he is of opinion that fatal attacks of trismus nascentium were directly due to the bandaging.

Correspondence.

A Case of Strychnine Poisoning.

Ed. Med. and Surg. Reporter:—

On Sunday, the 12th of October, at six o'clock P.M., I was summoned in haste to see Mrs. Miller, three miles in the country, who, as the messenger stated, was suffering from severe pains in the abdomen. As I was about to start and see another patient, my friend Dr. N. Magee, who was visiting me, kindly offered to go for me, and

did so, arming himself with my hypodermic syringe. When I returned home, Dr. M. was not back, and had sent word that I should come. When I arrived at the patient's house, at about half-past nine P.M., I found beside my friend Dr. M., Dr. Newmann, a neighbor, not now practicing, present. Dr. M. now reported as follows: Arrived at half-past six P. M.; found patient, a plethoric woman of about fifty-six years of age, in bed, almost constantly in convulsions, of a tetanic character, with but little opisthotonos, and face livid. These symptoms at once induced him to suspect poisoning by strychnine; as the pulse was strong and full, he at once took away about a pint and a half of blood from her arm; after this the convulsions ceased immediately, and the patient was able to answer questions: drank some water, and then stated that she had taken poison (procured in the Waubeka drug store) at five P.M. Now an emetic was administered, and soon after large masses of coagulated milk, of a very bitter taste, was thrown up; now plenty of water was given, which was several times rejected, and as the convulsions returned, half a grain of sulphate of morphia was injected, hypodermically. After this the patient had been quiet for about fifteen minutes, when the convulsions set in again, coming oftener and oftener, when another half grain of morphia was injected. After this the patient had been quiet for nearly half an hour, when the spells returned, at first at long intervals, but they were about as often as at first when I arrived. I could, at any time, bring the convulsions on by slightly knocking against the foot of the bed or by blowing in the patient's face. Water she took always, readily.

As we had no chloroform nor chloral hydrate at hand, I proposed an injection of atropine; to this the other gentlemen consented, and at 10 P.M. I injected ½ grain of sulphate of atropia, in the arm. Almost immediately after the respiration became somewhat stertorous and the face very livid: water was swallowed with great difficulty. The convulsions ceased entirely and could not be brought on by noise. This critical condition lasted about ten minutes, when profuse perspiration broke out, the respiration becoming almost imperceptible, but of the natural number: water was again swallowed and patient responded to questions. During all this time the pulse remained about 100 per minute. We now waited half an hour, and as, after this time, no convulsions could be brought on, and patient was quietly slumbering, we concluded to go home, leaving half a grain of sulphate of atropia in three ounces of water; a teaspoonful to be given every two hours, and a powder of half a grain of morphia, to be given should the convulsions return. It was now 2 o'clock Monday morning.

On returning, at 9 A.M., we were greatly surprised to find our patient sitting in bed, perfectly rational, only complaining of great thirst, and a feeling of lameness all over: there was no paralysis and but little dilation of pupils; all food was rejected by the stomach. The atropia was now dispensed with, and the gastric symptoms properly attended to; as the bowels had not moved, an injection was administered, which was soon followed by a copious discharge, and on Wednesday, the 15th, we could pronounce our patient well.

Peculiar about this case is the large dose—4 grs. of nitrate of strychnia was taken—the remedy used, and the long time (1½ hours,) which elapsed before she had help. As a motive for taking the poison, she gave a long standing tinnitus aurium and the loss of a daughter. The poison she had procured the day previous, in the Waubeka drug store, asking for some rat and some fox poison; the druggist gave her half an oz. of arsenic for the rats, and 4 grs. of strychnia, in a vial, for the fox. She had emptied the vial containing the smaller quantity in a glass of wine, stirring well with her finger, and had taken it all.

Waubeka, Nov. 18th. J. N. Voje, M.D.

Sulphur in Diphtheria.

Ed. Med. and Surg. Reporter:—

In your Nov. 8 issue of the Reportea I see another communication on sulphur in diphtheria. The other article soon got into the newspapers, and in one week was in every family in the country. I had, at that time, thirty-seven children sick with diphtheria, and most of them very bad cases. All, at one round—after getting their weekly paper—wanted me to use sulphur, for "the paper said it never failed." I told them it could do no good; but that would not do; "the paper said it would." I told them of the danger of blowing the powder into the throat; but no words would satisfy; and, beside, an advertising doctor in our county seat had sent out word that he could cure them at one visit by the use of sulphur. Now he had no cases on which to try it; but he, like the other silly ones, had read the papers. What was I to do? Knowing that glycerine was good in all throat troubles, and the only thing sulphur will dissolve in to any advantage, I put the sulphur in glycerine, and gave it long enough to make the parents understand that unless I changed the medicine they would all die. But the silly and unscientific prescription of the author made me more trouble than all the *tomfooleries* I ever had to deal with. I not only lost time—which is very valuable in diphtheria—but lost one patient, who, I am satisfied, would have recovered had I taken my way. Sulphur has no more influence over diphtheria than dirt. I had nearly three hundred cases before it stopped, and I only lost the one in the first round; many of them were complicated with capillary bronchitis. In diphtheria I use potass. chlor. and mur. tr. ferri, with whatever other medicines the symptoms call for. I always treat diseases by symptoms, and not by name. Diphtheria comes in all localities, and the man is foolish who thinks he can control it by attention to sewers and other regulations. If "A City Physician" would go into the country and practice a year, he would know more than he does when he writes on these subjects and their treatment. But in regard to potass. chlor., many have been deceived. Why don't they try and see how much potass. chlor. will dissolve in a given quantity of water? If they would do this they would never again make themselves ridiculous in a medical journal. One man said, in the

REPORTER—I cannot hunt it up now—that a boy took ℥iss in a day. I wonder how often and in what sized doses he took it? ℥viij will dissolve ℥iij of the drug. Now the whole ℥iij will not hurt him at one dose; and we presume he made sixty-four doses out of it. The fact is, when a doctor thinks his patient has died from potass. chlor. it has died from some trouble the doctor did not understand. I have given it, in all the strength it could be dissolved, to an *infant*, in ℥j doses every hour, with no bad results. If you have a case of diphtheria give potass. chlor. and mur. tr. ferri often, and if the tongue is white, give also sulphite soda, and follow up all the symptoms, and if any die you will not be to blame. Sewerage has nothing to do with diphtheria; for the best country families, with the best possible location, have it. the same as the poorest and least looked after. Whenever you can control the forty-five miles of atmosphere you can control diphtheria and all atmospheric troubles—not before. JOS. BOKER, M.D.

Adair, Ill., Nov. 11, 1879.

[Sulphur has a fair amount of support as a remedy in diphtheria, and that from very careful observers. But no sensible man thinks it a specific. In reference to the solubility of chlorate of potash, accurate results were published by Dr. Drysdale, of this city, in the REPORTER, Vol. XXXVI., p. 238.—ED. REP.]

Multiple Gestation, Hemorrhage, and Asphyxia of Infants.

ED. MED. AND SURG. REPORTER:—

In your journal of November 29 is detailed a case of dual birth, interesting for the spontaneous version of the second fœtus. The treatment of the case has some points that invite examination. Some one of my masters in the obstetric art taught me that immediately a fœtus was expelled from the womb I should place my hand upon the abdomen of the mother, that it might be ascertained whether there were other living beings still to be born, and that the womb might be caused to contract upon its contents, as a safeguard against hour-glass contraction of the womb and uterine hemorrhage. If one proceeds to withdraw a placenta that is still nourishing living beings shut up in the womb, death must result to them.

In the hemorrhage incident to the case related, the declaration that death must have ensued but for the injection of vinegar into the womb is surprising, in view of one's own experience. The writer vividly recalls a case in which flooding was so sudden and profuse as to threaten instant destruction to life. There was no syringe nor any vinegar at hand; but the alarming torrent was immediately staunched and controlled by including the abdominal walls and uterus in the grasp of the hand, thereby enforcing firm contraction of the uterine walls and the gaping vessels. At the proper time, a bandage, so applied as to make firm pressure upon the organ, and the administration of ergot, never failed to stay the fountain of blood.

The simplicity and readiness of application of this procedure commend it as far preferable to the disagreeable and troublesome measure recommended by the author of the case, and vastly so to the painful and heroic treatment of the distinguished professor.

In the resuscitation of asphyxiated infants, newly born, I have long used a procedure embodying the principles of the Marshall Hall method, viz: By tossing the child, with a quick motion, the placenta being still attached. The rapid movement causes the arms to fly up, lifting the chest walls, and causing the infant to take in air by a sudden sob. The method may appear rather rude, but it has succeeded in many cases apparently desperate. It has the merit of instant applicability, with very quick results, and experience with it induces me to believe it unfailing in the recovery of newly born infants perishing from asphyxia. E. T. BLACKWELL, M.D.

Hackettstown, N. J.

NEWS AND MISCELLANY.

The Jefferson Medical College Hospital.

The annual meeting of the trustees was held last week. From the reports it appears that during the fiscal year ending September 30th, 1879, 642 patients were received and treated in the hospital wards. Many of these were suffering from severe maladies, and underwent surgical operations of greater or less magnitude. The number of persons who presented themselves as out-door patients at the various clinics was very large. At the surgical clinic 7661 visits were paid; at the medical clinic 5456, and at the different special clinics, 11,115, making in the aggregate, a total of 24,232 visits for the year. There has also been established, during the last year, under the auspices of the Board of Trustees, a valuable pathological museum, which already numbers 500 specimens. These comprise wax models, casts, and other illustrations of injury and disease. Great care has been exercised in their preparation and selection, and the collection, as it increases in size, will undoubtedly prove of much service in exemplifying and illustrating the clinical lectures delivered in the institution.

Some Sad Things.

In the Louisville *Medical News*, Nov. 29th, Dr. L. P. Yandell publishes a "withdrawal" of his charge against Dr. William L. Hammond, of having made use of Prof. Charcot's work and its engravings without acknowledgment. Dr. Yandell does this only after Prof. Charcot, in the most positive terms, had informed him that he (Charcot) had never said anything which could be so construed, and in fact was, at the time, fully aware that Dr. Hammond had given ample credit for all that he had borrowed, and after Prof. Charcot had demanded the publication of this statement.

Dr. Yandell moralized on his imaginary discovery of this pretended literary theft, as follows: "It is sad, indeed, to think that science does not entail honesty, etc." Yes, it is sad, very sad. We entirely sympathize with him. Another thing is also sad; that when one gentleman has

been proved to have grossly maligned another, owing to his ignorance, we will say, of the French language, he makes no apology whatever to the person so maligned, but contents himself with a simple withdrawal, which, *du reste*, has been forced upon him. This also is sad.

Items.

—*Correction.*—The ℞ for dropsy, p. 459, is intended to make 24 ounces, and water should be added to that amount.

—A pair of female twins, united from the breast bone to the lower part of the abdomen, is reported from Bombay. They are eight months old and in good health.

—A concours for a lectureship on gynecology, in the spring course of lectures at Rush Medical College, Chicago, will be held January 6th, 1880. Particulars can be had of the Secretary, Dr. J. H. Etheridge.

—Eight hundred new students have matriculated, this fall, in the London Medical Schools. There is in Great Britain an increase of physicians, faster, in proportion, than the rate of population.

—A leading wholesale drug house in St. Louis sold, in 1878, for two months in the fall, quinine at the rate of a thousand ounces a day. This year their sales at the same time did not average over one hundred ounces a day. Such has been the decrease of malarial diseases the past autumn.

—Dr. C. D. Phillips, of London, has recently recovered $80,000 from the London and Southwestern Railway Company, for damages resulting from an accident on their road. This is the heaviest sum we remember to have seen allowed in such a case.

—A great deal of nonsense is being published about the benzoate of sodium as a remedy in puerperal septicæmia, pyæmia, scarlet fever, diphtheria, and not least, in phthisis. It is said that in Vienna the demand exceeds the supply. It is evident, on the face of the reports of its use, that they are utterly untrustworthy.

—Malignant diphtheria has been prevalent in Lancaster City and county, Pa., for several months. At a meeting of the Lancaster County Medical Society, December 3, the members from different parts of the county reported a decided abatement in the malignant type of the disease, though in a milder form it still prevailed throughout the city and county.

OBITUARY NOTICES.

Robert F. Baldwin, M. D.,

Superintendent of Virginia Western Hospital for the Insane, died at the Hospital, Staunton, November 21st, at the age of fifty years, of malignant bleeding fungus seated in the left orbit, and invading the cerebrum. Three years previously, Dr. Chisholm, oculist, of Baltimore, had removed the eye, affected at the time with a tumor pressing upon the optic nerve. The fungus developed within a few months past, resulting in death. Dr. Baldwin was graduated in medicine at the University of Pennsylvania, in 1851, having previously taken a course of study at the University of Virginia. In a former number of the MEDICAL AND SURGICAL REPORTER brief details of the successful treatment of the case of the father of Dr. Baldwin were given, proving the avoidance of an operation for cancer, with which he was afflicted, is sometimes the best rule. At the time, the son was in the enjoyment of robust health, and was the most eminent surgeon, obstetrician and physician in Winchester. He was unanimously elected to fill the vacancy which occurred in the Hospital for the Insane by the death of Dr Stribling. This position he filled with honor and efficiency. In it, it is worthy of mention, he carried out the methods of treatment of the insane for which his predecessor, Dr. Stribling, had been so distinguished; particularly his system of furloughing patients that were in a convalescent state. In the midst of great financial depression in Virginia, Dr. Baldwin's personal influence prevailed with the Legislature of the State, to make liberal appropriations for the support of the hospital. His uniform, cheerful, and even humorous disposition, eminently fitted him to care for the insane. As a Christian, he was able to direct the sufferer to Him, Omnipotent; to comfort and heal, when the counsels of others who practice the oppositions of science, so-called, would prove worthless. Dr. Baldwin was, for many years, a consistent member of the Protestant Episcopal Church.

F. H., Jr.

QUERIES AND REPLIES.

Dr. Herdon. We doubt the propriety of attempting to cram the metric system down the throat of the profession, as it were. At present, it is clear neither pharmacists nor physicians, in any great numbers, desire its introduction.

Dr. H. K. S., of Wis.—Your article, though suitable in other respects, is too long for this journal. We cannot make room for it. MSS. are returned when stamps are sent for that purpose.

Dr. Calvers. The late Dr. Bumstead was a nephew of N. P. Willis, well known as a *literateur*.

Dr. J. N. P., of Ind.—Your request to republish Prof. Smith's method of reducing the humerus received, and we shall endeavor to do so some time this winter.

Mr. T. J., of N. Y. It is a rule with editors of medical journals not to prescribe for cases through the columns of their journals.

MARRIAGES.

CAREY—STEWART.—On the 23d of November, 1879, by the Rev. J. Garnett, Mr. John W. Carey, M.D., and Miss Rebecca E. Stewart, all of East Sandsay, Venango Co., Pa.

HALE—KING.—At Keokuk, Iowa, November 4th, by the Rev. W. G. Craig, W. W. Hale, M.D., of Centerville, Iowa, and Miss Ella King, of Keokuk.

MACKIE—TROTTER.—On the 20th ult., at St. Luke's Church, this city, by the Rev. William W. Farr, Dr. Benjamin S. Mackie, U. S. Navy, and Mary F., daughter of William Henry Trotter.

MORRIS—REMINGTON.—On the 19th ult., at St. Mark's, this city, by the Rev. W. Neilson McVickar, Dr. Caspar Morris, Jr., and Laura, daughter of the late Thomas P. Remington.

O'NEILL—CHANDLER.—On the 29th ult., at St. James' Church, by the Rev. Henry J. Morton, D.D., assisted by the Rev. W. Neilson McVickar, J. Wilks O'Neill, M.D., and Florence Emilie, daughter of William Penn Chandler, all of this city.

DEATHS.

BUMSTEAD.—In New York City, November 28th, Freeman J. Bumstead, M.D., aged 53 years.

SAWYER.—In Springfield, Vermont, November 7th, Langdon Sawyer, M.D., aged 61 years.

THORN.—At his residence, Millbrook, N. Y., Nov. 11th, Dr. John S. Thorn, in the 59th year of his age.

WRIGHT.—In New York, on Monday, Nov. 17, 1879, Mrs. Emma Scott Wright, M.D., aged thirty-one years.

THE

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Original Department.

Communications.

A CASE OF SEVERE INJURY OF THE BRAIN—DEATH AFTER ELEVEN WEEKS.

BY A. ROBERTSON SMALL, M.D.,

Of Decatur, Ill.

About 7 P.M., March 3d, 1879, was called in haste to see Clyde Bell, a boy about three years of age, who, while playing with some children a few minutes before, with some sharp sticks of pine, had accidentally run or fallen against one in such a manner as to penetrate the left orbit. Arriving at the house about five minutes after the accident occurred, I found a stick projecting from the left orbit about a quarter of an inch. The child was in a comatose condition, with stertorous breathing, hands and feet cold, and pulse barely perceptible. Having with me only a very light pair of forceps, I found it impossible to remove the stick with them, so firmly was it imbedded. I sent a messenger to Drs. W. J. and C. Chenowith, requesting them to come immediately, and bring with them a strong pair of forceps. They arrived in a few moments and attended the case with me throughout. Dr. W. J. Chenowith applied a strong pair of forceps to the projecting end of the stick, and with considerable force removed it. The stick was a pointed piece of pine, about a quarter of an inch thick and five and a quarter inches in length, only about a quarter of an inch of which was projecting. It had entered the left orbit just between the eye and the nose, puncturing the inner portion of the upper lid, pierced the orbital plate of the frontal bone, and taken a direction toward a point about two inches above the right ear; consequently, at least four inches of it must have been imbedded in the anterior and superior lobes of the brain. On removing the stick a small portion of brain followed, and but very little blood. We placed the child in a favorable position for drainage of the wound, and applied hot applications to extremities. None of us thought the child could live through the night: at most, a few days.

9 P.M. Pulse more full; extremities warmer; has vomited two or three times, and occasionally is partially aroused and cries, when it is allowed to inhale sufficient chloroform to quiet it.

12 P.M. Pulse 110 and full; extremities warm. The child called "Papa," and put its hand to its head, as if in pain. Gave a hypodermic injection of morphia sulphate, grains $\frac{1}{60}$. From this time to about 2 A.M. the child would partially arouse about every fifteen minutes, cry with pain, and twice asked for a drink of water, which was given it, and then remain quiet again.

2 A.M. Pulse 110; breathing almost natural; skin hot and dry. Gave morphia, gr. $\frac{1}{30}$, by hypodermic injection.

4 A.M. Has been resting well since last injection, but is becoming a little restless now; condition otherwise about the same; repeated the injection of morphia, gr. $\frac{1}{30}$.

8 A.M. Roused up and asked for milk, which was given it, and then asked to get up. Don't seem to be suffering any pain. There is hemiplegia of the left side. In case it should become restless, ordered it given morphia, gr. $\frac{1}{30}$.

12 M. Has been resting quietly, though has had no morphia since 4 A.M.

4 P.M. Has been conscious at times, since noon, and asks for what it wants. Has taken

some beef tea, but no medicine of any kind since 4 A.M., as he seems to rest well without it. Pulse 100. Breathing rather heavy, but regular.

8 P.M. No perceptible change.

12 P.M. Pulse intermittent, weak and thready. Gave an enema, by which the bowels were moved.

March 5th. Pulse 82, weak, thready and irregular. Respirations 24. He is conscious, and asks for what he wants. Passes water regularly. Applied a poultice over the wound, to favor discharge.

1 P.M. Condition about the same as in the morning. We are giving just morphia enough to keep the child quieted.

6 P.M. Condition unchanged.

6th. 9 A.M. Has partially recovered the use of the left side. Pulse 80, weak and intermittent. Respirations 24, and nearly natural. Has rested well through the night. Very little discharge from the wound.

3 P.M. Pulse 100 and more regular. Temperature normal. Wound discharging pus. The child is perfectly conscious and rational, and was awake about two hours this afternoon, looking around the room, recognizing its friends, and resting quietly. Bowels and kidneys are acting naturally.

7th. 4 A.M. Pulse 90. Respiration 24. Child fretful and uneasy. Skin hot, but moist.

9 A.M. Very fretful and uneasy; cries if strangers come near. Surface hyperæsthetic and itchy. Wound discharging pus in a moderate amount. Skin moist. Slight incoördination of the muscles of the right side. Ordered sponge bath, to relieve the itchiness, which had the desired effect.

5 P.M. Pulse 98 and regular. Respiration normal. Hyperæsthesia has disappeared. Bowels have been moved by enema. Has been resting quietly since 10 A.M. Has full use of left side. Is perfectly rational and inclined to play.

8th, 10 A.M. Pulse 90 and regular. Respirations normal. There now is paresis of left side. The power of coördination has returned to right side. Slept well and naturally through the night. Has complained of pain in the head once this morning. Is inclined to play, and is hungry. We only allow it fluid nourishment, and that in small quantities at a time.

6 P.M. Pulse 90 and intermittent. Has rested well through the day, though has had no morphia since 3 A.M. Is perfectly rational and is inclined to play. Wished to stand on the floor to-day, which it was allowed to do. It was able to take two or three steps, being supported.

9th. 10 A.M. Pulse 80 and intermittent. General condition better. Ordered dose of castor oil, to thoroughly unload the bowels, as they have only been moved by enema heretofore.

4 P.M. Pulse 90 and more regular. Has rested well through the day, except once or twice, when it complained of pain in the head. Has had no morphia or anything to quiet it since 5 A.M. Bowels have been moved freely by the oil given this A.M.

10th. 9 A.M. Pulse 110 and regular; rested and slept well through the night. Is very hungry; only allow it light food in small quantities. Is inclined to talk a good deal this morning, and is perfectly rational, as, indeed, it has been from the first. The explanation we give for the pulse varying from 80 to 110 is, that when it is beating 80 or near that, per minute, it is intermittent, and misses every fourth or fifth beat, whereas, when it is 100 or over, it is not intermittent, and loses no beats; so that the variation of the pulse relates more to the intermission than the rapidity. Paresis of the left side still continues.

5 P.M. Pulse 82 and again intermittent. No change perceptible since morning.

11th. 10 A.M. Bowels were moved last night with oil. Is having better use of left side. The child is bright and playful, and rested well through the night.

5 P.M. Pulse 80 and intermittent. Improvement in general condition. More inclined to talk and play to-day than since it has been hurt.

12th. 1 P.M. Pulse 110 and regular. Skin moist. Has been more restless and fretful to-day than usual. Bowels moved by a dose of oil given this morning.

13th. 2 P.M. Pulse 110 and regular. The œdema has entirely disappeared from the eyelid. Wound discharging slightly. Fretful at times.

14th. 1 P.M. Pulse 100 and regular. Is able to partially open the left eye. Paresis of the left side decreasing. Has had no morphine for three days, still, is not suffering, though fretful and uneasy at times.

15th. 2 P.M. Pulse regular and normal. General condition seems very much improved. Wound discharging only very slightly. Has still slight paresis of left side. Is able to open left eye, which moves with the right, and it seems to have full use of it.

16th. 4 P.M. Pulse 80 and irregular. More inclined to talk and play than has been. No discharge from the wound to-day,

17th. 1 P.M. Pulse 80 and very irregular. He is fretful and uneasy; complains of something hurting him, though does not localize the pain;

seems to have a general feeling of uneasiness. Some hyperæsthesia of left side. Ordered a full dose of castor oil, and a sponge bath. A small dose of morphia was given it at 11 A.M. to-day, which is the first it has had since the 11th.

19th. 2 P.M. Pulse 76 and intermittent. Wound entirely healed. Child very fretful and complains of pain in the head. Vomited once this morning, and seems to be suffering from indigestion. Ordered elix. rhei et magnes., ʒj, to be repeated in four or five hours, if necessary, and to use an enema.

20th. 1 P.M. Pulse 100 and natural. Bowels were freely opened with the elix. rhei et magnesia, and since then has felt much better. To-day he is bright and playful, and is much better in every respect than has been since the accident. The paretic condition of left side is growing less every day. He is gaining strength, and is now able to sit up alone.

23d. 10 A.M. General condition very much improved. Child is still fretful and its bowels are inclined to constipation. Has had some nausea and indigestion, for which prescribed bismuth sub. nit., in one-grain doses.

24th. 10 A.M. Child slept better last night than usual. Pulse about normal. Prescribed

℞. Elix. pepsin, bismuth and strychnia ʒ vj
Elix. simp., ʒ xxvj. M

Sig.—A teaspoonful morning and evening.

27th. 4 P.M. Patient very fretful. Slight strabismus of left eye. The great toe of left foot extended, while the remaining toes of same foot are flexed. Bowels constipated. For the last two days, as the weather has been pleasant, the child has been out of doors a good deal, in his buggy. As the nervous irritability is so great to-day, we will discontinue the elix. pepsin, bismuth and strychnia. Ordered for the constipation, hydrarg. cum cret., gr. vj; and after the bowels are opened, the following, as a laxative:—

℞. Fl. ext. cascaræ sagradæ, ʒ ijss
Elix. simplicis, ad ʒ ij. M.

Sig.—Fifteen drops four times a day.

And to relieve nervous irritability—

℞. Tr. opii, deod., gtt. v.

Every four to six hours, as needed.

29th, 11 A.M. Flexor muscles of left leg contracted, and the leg flexed on the thigh. The great toe extended and the others flexed. As the bowels are still constipated, ordered the medicine prescribed on the 27th to be given every four hours. The hyd. cum cret. given on the 27th acted freely.

30th, 9 A.M. The father called this morning, and stated that the child vomited every time it took the medicine, and that its bowels had not yet been moved by it. Gave some bismuth powders, to be taken a short time before the cascara, to quiet the stomach, and ordered the dose of the cascara to be doubled.

31st, 3 P.M. General condition better than for several days, though there is still a good deal of nervous irritability. Bowels moved this morning freely, and has had no vomiting since yesterday. Continued same treatment.

April 3d, 11 A.M. Has complained of pain in left foot and hand. There is still some contraction of the muscles of the toes of the left foot, though not so marked as before, and the toes are now easily straightened by slight pressure. As the cascara sagrada makes him sick every time he takes it we have discontinued it, and ordered the following:—

℞. Fl. ext. hyoscyami, ʒ j
Elix. simp., ad ʒ iv. M.

Sig.—A teaspoonful three times a day.

The above is given for the purpose of acting on the bowels, as well as for its sedative effect.

7th, 3 P.M. Has not been so fretful since last visit. Muscles of the toes of left foot are now entirely relaxed and natural. Has been playful and cheerful. Bowels moved naturally on the 5th, but since then they have not. Ordered an enema, and the dose of hyoscyamus increased one-half.

15th. Pulse 88, and somewhat irregular. Bowels still inclined to constipation, and are kept open by enema and castor oil, with an occasional dose of hyd. cum. cret. Paretic condition improved slightly. There is a slight tendency to contraction of the flexors of left leg. He is gaining in strength, and is now able to sit up, but not to walk.

24th. Has been to the country for several days, and comes back very much improved. Is more cheerful, appetite, digestion and color improved, and bowels acting more regularly and naturally. There is a lack of coördination of the muscles of the left side, and at times a tonic contraction of the flexors of the left leg and toes, except the great toe, which is extended, but when taken hold of they yield readily to pressure, though at times are slightly rigid.

May 20th. Child has been steadily gaining since last report. Bowels and kidneys are now acting naturally, and the child is gaining in weight. Paretic condition and lack of coördination of left side so far improved, that for the past few days he has been able to stand alone and take a few steps by holding to a chair. About 3

P.M. his mother left him asleep, in care of other children, and went out; returning an hour later, she found him crying very hard and very much excited. He then had one or two mild spasms, and was entirely unconscious after the first. Dr. Chenowith and myself were hastily summoned, and arriving about 5.30, found the child in a comatose condition, with stertorous breathing, with every symptom of pressure on the brain. Had one or two mild spasms soon after we arrived. We endeavored to get his bowels to move by enema, and as he could not swallow, rubbed croton oil over the abdomen, but did not succeed in getting them to move. Was perfectly unconscious and comatose after the first spasm, and died at 8.30 P.M. Post-mortem refused. We learned that he had eaten some green gooseberries given him by children the day before his death, and that he was subject to spasms before the injury, after eating indigestible material. We also learned that he had fallen out of his buggy the morning of his death, while in care of children. The spasms might have been caused by indigestion, and the spasm might have caused a rupture of a vessel in the cicatrice of the wound in the brain, and thereby produced compression; or the excessive crying and excitement just before the spasm might have had the same effect. Or, possibly, the fall from his buggy might have contributed something toward the result. The case is of interest as showing the amount of injury that may be done the brain without affecting the intellect. There was no disturbance of his mental faculties after the third day from the injury, except some irritability. We were surprised, at first, that he could live with so severe an injury, but after living eleven weeks, with a steady improvement, we were not looking for him to die so suddenly. We regret that we were unable to obtain a post-mortem examination, as it might have thrown some light on cerebral localization, by determining the portion of the brain injured.

Internal Use of Tar.

Prof. Reclam, of Leipzig, in a number of the Berlin *Klin. Wochenschrift*, July, reports some therapeutic experiments with tar. He used it in pills or capsules, and says that tar water is not so efficient. One curious and constant effect noted was that the urine of a patient taking tar does not decompose for five or six days, instead of in twenty-four hours, as usual. The general indication for tar, he says, is a chronic catarrhal inflammation of the mucous passages of the respiratory or urinary tract, as bronchitis, vesical catarrh, gleet, etc.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

NOVEMBER 15TH, 1879.

REMARKS UPON TWO CASES OF CEREBRAL APOPLEXY—ONE WITH APHASIA—CONTRASTED WITH ALCOHOLIC DEMENTIA,

BY PROF. DACOSTA.

REPORTED BY DR. FRANK WOODBURY.

Case 1.—Effusion into Right Hemisphere, with Left-sided Hemiplegia.

GENTLEMEN:—At the conclusion of the hour, at my last clinic, we were engaged in discussing the pathology of a case of recent fatal apoplexy, the condition being well illustrated by the specimen we had before us. You recall the fact that the case came into the hospital on the day of his attack, and survived four days. He was sixty-six years of age, and had been previously healthy. It was reported that he had exhibited complete left-sided paralysis when first seized, but after admission, when he had become conscious, so that he made correct replies to some questions put to him, it was found that the leg could be moved, but the left arm remained completely powerless. You recall the appearance of the clot, how it affected alike the corpus striatum and part of the optic thalamus, breaking down the internal capsule; in other words, lacerating the great motor tract, as well as part of the parietal convolutions. You also remember that we had begun the consideration of the clinical effects produced by this central lesion; we will therefore resume the discussion at this point.

The one effect of the effusion which struck us particularly during life, was the dissimilar degree of palsy in the arm and the leg, one being so much more affected than the other; suggesting, at first, that the lesion was not situated in the corpus striatum, but in one of the special cortical centres in the great motor area of the brain. But does this follow? Given a case of suddenly developed hemiplegia, more marked in the arm than in the leg, or principally in the lower extremity, does it indicate that the lesion is in a cortical area, or, at least, not in the corpus striatum? To this I would answer that, notwithstanding the ingenious, and for the most part correct, conclusions from physiological studies upon the localization of function, which have established the truth of the observation that a certain portion of the surface of the brain presides over the movements of a particular part of the body, still, clinically speaking, we are obliged to admit that we are unable to say, when in hemiplegia the paralysis is much more marked in one member than in another, that the lesion is not a central one—that is to say, one involving the motor ganglia—but purely cortical. This was evident in the case under discussion; which illustrates the fact that central lesions of most marked character may exist, and yet show you a hemiplegia in which the arm palsy is far greater than that of the leg; although from your studies of cerebral localization you would have been prepared to believe that the effusion might be simply cortical, affect-

ing mainly the ascending frontal and ascending parietal convolutions, situated upon the opposite side of the brain from the palsy.

As regards the treatment, I will speak briefly, as you did not see the case. He was cupped, and a few leeches were applied; in other words, blood was drawn from the head, but without effect. When the heart showed signs of failing, he was given hypodermic injections of digitalis, two drops of the fluid extract diluted with water, repeated as often as was thought necessary.

In commenting upon this treatment, I must say that, as a rule, I draw blood, either locally or generally, in cases of cerebral blood effusion, and frequently with good result. But candor compels me also to state that, where the texture of the walls of the arteries is weak, and the effusion is large, very little effect can be looked for from treatment. Where there is atheroma elsewhere in the system, and signs of general decay, you will find that cases of apoplexy so associated soon die, either from exhaustion or from a fresh breakage and extravasation into the brain.

I would also call your attention to the use of digitalis hypodermically, which, if you wish to revive a flagging heart, is well worthy of your consideration. I prefer the fluid extract diluted with water, two drops of the extract being equivalent to about fifteen minims of the tincture. These injections can be repeated as often as necessity exists, or the heart failure appears to indicate.

One point in conclusion. The temperature record was very significant. When admitted he had a low temperature, which was followed, in the course of a day or two, by a decided rise, (101°) showing the existence of irritative fever. This would indicate that the clot, instead of being quietly absorbed, was exciting local irritation that, if continued, might lead to softening or further disorganization, and render the prognosis less favorable.

Case 2.—Effusion into the Left Hemisphere, with Right-sided Hemiplegia and Aphasia.

In connection with the preceding, this case will be of interest, as it shows a peculiar form of cerebral disease.

His name is Henry L., 40 years of age, of Irish birth; is a tavern-keeper, and shares the habits of many of his pursuit; for we learn, from what we are told of him, that he is of intemperate habits. During the last five years, he has been subject to peculiar attacks, in which he suddenly became unconscious, remaining so for several minutes. It is stated that there were no convulsive movements, nor was there frothing at the mouth. Thirteen days before admission, which was on Oct. 27th, 1879, while in apparently good health, he fell to the floor unconscious, remaining so for ten minutes; when he regained his senses he was unable to speak. His wife states that he was paralyzed in the right arm and leg, but that this condition soon improved. His mental condition seemed to be very dull and stupid immediately afterward.

Now, gentlemen, when he was admitted into the hospital the paralysis had disappeared to a great degree, but it was noticed that there was considerable rigidity of the muscles of the right side of the body. He moved the leg like an artificial one, bringing the heel down stiffly, with the toes elevated; when his arm was lifted up it remained extended for a considerable time, like a wooden doll, or an automaton. The grip of the right hand, however, was still impaired.

As regards sensibility, it was noted that sensibility was impaired all over the body, the right side being apparently more affected than the left. But I must ask you to take this statement with some doubt; for when you come to question the sensibility, you have to deal with the perceptions of the patient, which will be largely influenced by his mental condition. We have already seen that the state of the mind of the patient was not such as to allow us to place much reliance upon his statements as to delicate points, such as the relative sensibility of different parts, requiring nice powers of observation, but we may say, in general terms, that general tactile sensibility was apparently diminished.

All this time his articulation was confused and thickened. He has now improved in his intelligence, and takes cognizance of what goes on around him, and accompanies his attempts at speech by a series of confirmatory nods, which may not be always correctly given. He can now say "yes" quite distinctly, but he gives this reply to every question; in truth, he possesses but this one word in his vocabulary. Once in a while he makes a faint attempt to say "no," but not very clearly, and the "yes" predominates.

He presents a doubtful history of specific disease; and at all events, I do not think that it is directly connected with his present condition.

The urine is slightly acid, sp. gr. 1.010, pale, cloudy, and contains, at times, a small amount of albumen; this, however, must have been due to a temporary condition of the kidneys, as late examinations have not detected any albumen in the urine. To complete the report, we further noticed that the electro-muscular contractility was decidedly impaired on the right side: the right arm did not move as readily as the left, but still it moved. The movements of the tongue were preserved; the contact of the wire brush with the tongue produced evidences of pain and inarticulate grunts of protest, but no words.

We call such a case as this, generically, a case of aphasia. Of course, you must, for the present, accept this as meaning simply that our patient is deprived of the power of speech, while he retains the power of understanding what I say to him, and the ability to move his tongue and lips; please observe that there is no crippling of the muscles of articulation. He is in the condition of a man who says "yes" to everything. Let us now inquire into the pathological cause of his trouble. You have heard the clinical history of the case up to this morning; we will now examine him further. Let us take up the question whether he understands what we say to him, to see whether it is a case of idiocy, or one in which the so-called speech centre is principally the seat of disease. Showing him a watch, and asking him if he knows what it is, he signifies, with some gleam of intelligence in his eye, that he does recognize it, but he cannot say "watch." If I ask him "is it a watch?" he promptly says yes,

with several affirmative nods. When I ask him "is it a penknife?" he responds more slowly, with a dubious or negative "yes;" on pushing the question, he mumbles what will pass for "no."

As regards his intelligence, you see that it is preserved; it is not from want of intelligence that he does not answer. From a number of observations in the ward, which we have not the time to repeat this morning, we have ascertained that, although his mental grasp of ideas is not keen and active, yet he fully and intelligently comprehends our questions, and will perform complicated movements, like taking off his coat, or putting his handkerchief in his pocket, when requested to do so. It is evident, therefore, that it is not from idiocy that there is deficient power of articulate expression. We have also tried the effects of the battery in arousing him, as it was thought that the man might be in a condition of dementia from chronic alcoholism; further, this form is soon associated with general loss of power in the muscles, is known as "paralytic dementia from alcoholism," and is accompanied by mental dullness, and defects of articulation, rather than aphasia. We have solved the point here by the use of the electric brush, which caused great pain, and free movement of the tongue. To this procedure he strongly objected, but was unable to complain. This electric brush, with a strong current, is also one of the best means of detecting malingering, as it causes severe pain, and involuntary expressions of suffering are forced from the patient. In the present case, although the perception of pain was evident, yet not a word escaped him beyond the inevitable "yes."

We have now established the fact that this is a case in which there is a loss of words, or aphasia; let us now go into the probable cause of the aphasia, to discover its source, or the lesion with which it is connected, and then see what it really indicates. I have already told you that there is a doubtful history of syphilis, but it is so doubtful that we have declined to accept it as evidence. There is no history of malarial poisoning, and no history of disease of the heart; this I will proceed to verify by examination. I can find no murmur; there is neither dilatation nor hypertrophy. An inquiry into the state of the kidneys shows that while, occasionally, there is a small amount of albumen, yet it is inconstant. I will report further that the eyes have been examined, and the evidence is negative, at least, we have found no distinct alteration. The ophthalmoscopic examination was made all the easier from the fact that the pupils are constantly dilated.

Having said that this was a case of aphasia, let us test his power to write words. We find that this is absent also, but not from crippling of the arm or hand, as he attempts to write when directed to do so, but only forms an unmeaning scrawl. Here is an additional evidence of the intelligence which he possesses, since he makes the effort to write. We have here, then, a loss of written language as well as of articulate speech; or, if you choose to use the technical terms, of agraphia, associated with aphasia. I will now test him still further, to see whether it is only the power of utterance that fails him, or has he also lost memory of words. I ask him to say "clinic" and "room," but he cannot say them, even after I repeat them. Further, he refuses to signify assent to a wrong word applied to an object. This agrees with the other tests which we have previously made, where we saw that the appreciation of words was not lost; he refused to recognize a "watch" under the name of "penknife." As he is now getting a little fatigued, we must take the result of his previous examinations, which is, that the memory of words may be partially lost, but it is not lost altogether.

Now, this establishes a number of facts about this case, of great interest. We make it out to be a case of aphasia and agraphia, with right-sided loss of power. The variety of aphasia where memory of words is lost is called, technically, *amnesia*, or amnesitic aphasia; where memory is not impaired, we have what writers simply call *aphemia*, or ataxic aphasia; in the latter the power of writing words is generally preserved. I care very little for your remembering these terms, but would simply ask you to note that the memory of words can be impaired, that the power of articulation may be lost, and the ability to write entirely fail, in a single patient, or these symptoms may occur separately in individual cases.

What underlies this condition? What is the lesion, and where is the lesion? I suppose that any one of you could tell me off-hand, from your physiological studies, that the special centre for speech is located in the left frontal convolutions, and especially in the inferior convolution, which, in honor of its discoverer, has been called Broca's region, for to the labors of Professor Broca are we indebted for the most of our knowledge upon this subject. This area especially presides over articulate language, and as the rule, we may say, given a lesion here, and we have resulting loss of speech. We, therefore, locate the injury, in the present case, in, or in the neighborhood of, the left inferior frontal convolution.

Now we come to another question: with what is the aphasia here connected? What is the exact lesion in this part of the brain which has given rise to the aphasic condition? About this we cannot be quite so certain as about the site of the lesion. Any destructive lesion whatever would give the same symptom. But I do not think that it is beyond the power of diagnosis to establish the exact cause of the lesion. Look at it. The attack came on suddenly, following spells of disturbed sensibility for several years. Notwithstanding this history, the attack was a sudden one. What are the causes of sudden attacks of hemiplegia? (1.) An extravasation of blood from rupture of a blood vessel, *an apoplectic effusion*; (2.) A plug washed into the brain in the arteries, *an embolism*; (3.) A sudden local clotting in vessels of the brain, without being carried there by the current, *a thrombosis*.

Now, gentlemen, the latter supposition I dismiss, because it is extremely rare, and because when it happens it is associated at the time with a very different clinical history. We must, therefore, look to the other two conditions which remain for us to discuss, to explain the cause of

the malady. If you ask which of these two I think it is, I reply, an apoplectic clot, coming from a rupture of degenerate vessels; a very small clot, limited to the region of the speech centre, by no means as large as in the preceding case. I take this view because we had here a case of sudden marked unconsciousness, with evanescent right-sided hemiplegia, accompanying the aphasia; and because I have no signs of disease of the heart which would favor the idea of embolism; the sudden attack, without cardiac disease, would incline me to the idea of apoplectic effusion rather than embolism.

But is this all? No. A clot may be followed by local softening, and such is probably the condition here. If, as we believe, the clot has now been largely absorbed, we would not have had this persistent impairment of intelligence and loss of speech, had not some such change occurred.

Therefore, to sum up the diagnosis, the case is one of lesion in the left inferior frontal convolution (Broca's speech centre), and the ascending convolution in front of the fissure of Roland (Hitzig & Ferrier's motor centre for the arm), caused by a clot, with subsequent softening.

There only remains one point for consideration, the right-sided hemiplegia. You will ask me, "Is right-sided disturbance common in these cases of aphasia; in cases where a lesion exists in the left frontal convolutions, in Broca's region?" I answer, "Yes, most usual; the exceptions are very few." There is, finally, in this patient a peculiarity about the loss of power to which I must call your attention. He had, at first, complete hemiplegia, which then nearly disappeared, though not entirely, for the grasp is not entirely recovered. It has been followed by a certain amount of spastic contraction, or rigidity of the muscles. The forearm and arm are moved mechanically, like an articulated doll; the same is seen in the leg, but to a less extent. This is now less distinct than when examined in the ward; the arm was then held almost indefinitely, like a cataleptic, in the position in which it was placed, or like an automaton, or painter's model. I mention this because it is a little different from ordinary hemiplegia, and indicates an irritative lesion in the brain. When you have marked rigidity coming on after paralysis caused by clot, as Todd long ago taught us, it is apt to indicate a progressive irritative lesion in the brain or nervous centre.

The possible influence of chronic alcoholism in bringing on a degenerated condition of the vessels of the brain is familiar to you all; but to show you that this is not a case of alcoholic dementia, I will read you the notes of another case in the wards, which was before you on a previous occasion.

Dementia following Alcoholism.

James R., forty-eight years of age, who had been a drinking man for many years, often to excess, was admitted into the wards October 10th, 1879. He has had several attacks of delirium tremens, but continued his intemperate habits. Eighteen months before admission he commenced to suffer with pains in the head and along his spine, which sometimes were intense. He has lost flesh and strength, until he had become almost helpless. It was reported that for four weeks before admission he had been quite demented and gradually lost his power of speech and of hearing. When stood upon his feet he would stagger backward and fall, if not supported. He never had been subject to epileptic attacks.

When we examined him we found that he gave only unintelligible replies to questions, and seemed to be insane; his eyes were staring, but pupils were not dilated. He often muttered incoherently, and sometimes had active delirium, requiring him to be strapped in bed. He was very noisy at night, shouting and singing. He ate his food, and did not vomit. Tongue heavily coated, but not dry, epithelial coat yellowish. Bowels constipated, requiring enemata. The urine was passed in bed; obtaining a little for examination, it was found to obtain an excess of phosphates, but no albumen nor sugar.

Not to detain you with this case, in which the heart and other organs of the body were reported to be normal, and the electro-muscular contractility good, I would merely report that, under the use of bromide and iodide of potassium, with good food, he has improved very greatly, so that he appears quiet and almost rational during the day, but is still very noisy and restless at night. I have merely stopped to read you these notes in order to point out the chief symptoms present in a case of alcoholic dementia, in order to contrast it with the case of aphasia before us.

The questions of prognosis and treatment in the patient with aphasia remain to be considered.

The prognosis is not good. If our diagnosis be correct, as I think it is, that there is a clot with subsequent softening in the left anterior lobe, the clot will be absorbed, but the softening will remain—we cannot hope for much. Although I have occasionally seen cases recover, and eventually regain their speech, I fear this will not be the case here. The prognosis, then, is not favorable, certainly not for a complete recovery.

In reference to the treatment, as we think that there exists consecutive softening, we can only hope for good results from remedies that improve the general nutrition. With this view he has been taking, for some time, cod-liver oil and iron preparations, with a good diet. Undoubtedly this will improve the nutrition, and perhaps some advantage may be accomplished. With the view of its special action upon the nutrition of the nervous system, I will now order him the hypophosphites of lime, iron, soda and potassa, in the form of the compound syrup of the hypophosphites, two drachms of which shall be given three times a day. The cod-liver oil is to be continued in doses of half an ounce after meals, in order to improve the general nutrition. We will also use the Faradic current to the paralyzed muscles, and also to the tongue. You may inquire why we should stimulate the muscles of the tongue, since it is not there where the difficulty originates, but I hope that by exciting the peripheral extremities of the nerves we may increase the activity of the nerve-centres. It has been recommended to attempt the same thing by applying the galvanic electrodes di-

rectly to the skull, over the motor centres, but thus far without any marked success.

Gentlemen, I have presented these two cases of apoplexy with hemiplegia in order to impress upon you the pathology of cerebral effusion; and have contrasted the symptoms presented by the patient with aphasia with those of true alcoholic dementia, as exhibited by a third patient, whom you saw at a former clinic, so as to place in your possession the chief points of differential diagnosis. If these characters have been made clear to you, the hour will have been spent to a good purpose.

Medical Societies.

PROCEEDINGS OF THE MEDICAL SOCIETY OF HARFORD CO., MD.

Reported for the Medical and Surgical Reporter.

Pursuant to adjournment, the regular meeting of the Harford County Medical Society was held at the Masonic Hall, Havre de Grace, on Tuesday, November 11th, 1879.

The President, Dr. John H. Cochran, the Vice President, Dr. Wm. P. Taylor, the Treasurer, Dr. R. D. Lee, the Secretary, Dr. W. Stump Forwood, and a respectable number of members, were present. There were also present, as visitors, Dr. Alex. Craig, of Columbia, Pa., and Dr. Ed. P. Dallam, of Harford County.

After concluding the usual routine business, Dr. R. D. Lee, the lecturer for the day, proceeded to deliver his remarks upon the subject of "Venereal Diseases." The substance of the lecture, as stated by the Doctor, was based chiefly upon notes taken by an American student of his acquaintance, from the clinical lectures of the great venereal surgeon, Ricord, of Paris.

The transmissibility of the lues venerea from parent to offspring, through several generations, presenting itself often in remote generations, under forms of different names, such as scrofula, phthisis, dropsy, cutaneous diseases, epilepsy, mania, blindness, deafness, paralysis, etc., etc., was largely dwelt upon by the lecturer. One generation, he asserted, may apparently entirely escape the poison in any recognizable form, while the next will present unmistakable evidences of the hereditary taint.

The two forms of syphilis, the hard or Hunterian chancre, and the soft and comparatively innocuous chancre, were generally recognized and accepted by the best authorities of the present day.

As regards the treatment, but little diversity of opinion exists; the long continued use of one of the mercurial preparations—some practitioners preferring one and some another—and the iodide of potassium, were the recognized remedies; the mercurials in the early stages, and the potassium in the secondary and tertiary forms.

In respect to the Hunterian chancre, from which so many of the evils which afflict mankind flow, and the consequences of which are so much to be dreaded, the long-continued mercurial treatment is the only remedy on which any reliance can be placed for a permanent cure—if it be possible ever to cure this dreadful malady. The treatment must be continued, said the lecturer, long after every vestige of the disease has disappeared.

Dr. Lee's lecture, which was replete with interest and practical suggestions, was accepted by the members of the Society present as being a very clear and able presentation of the subject, as well as a good expression of the modern thought, as entertained by the best authorities of the day.

At the request of the President, several of the gentlemen present gave some expression to their views upon the subject of the lecture.

Dr. Virdin quoted Dr. Christopher Johnston, of Baltimore, as authority for the theory of the general, nay, the universal contamination of the human family with the syphilitic poison, in some or other of its manifold forms or degrees. Dr. Johnston holds, as stated by Dr. Virdin, that syphilis, in its primary form, does not now prevail to nearly the same extent that it did twenty or more years ago; and the reason he assigns for the comparative rarity of, or immunity from, the disease in this form, is that mankind has become thoroughly inoculated. In other words, Dr. Johnston contends that the human family has become syphilized by inheritance, and hence enjoy comparative immunity from the disease in its primary form.

This is a startling and fearful doctrine.

Dr. Virdin further stated that, on the other hand, Dr. Keys, of New York, who was, perhaps, quite as good authority upon this subject as Dr. Johnston, contended that syphilis could be cured by perseveranee in a long course—two or three years—of mercurial treatment, and by the use of the iodide of potassium.

Dr. Virdin asserted that the old theory with regard to the injurious and debilitating effects of mercury upon the human system was not founded in fact. His own experience, as well as that of many other observers, had shown that the daily and long-continued use of mercury, as prescribed in syphilitic diseases, was not incompatible with the healthy nutrition of the system. He had treated such patients—has one in charge at the present time—who have gained in weight, to the extent of several pounds, after the regular daily use of mercury for several months.

Dr. Silver expressed surprise and indignation at the theory of Dr. Johnston, who contends that syphilis is never cured. He said that it appeared to him that some physicians, in striving after notoriety, were willing to announce startling theories that they really had no faith in themselves. They simply took a sort of pride and pleasure in making statements to astonish the world. He had no personal reference to Dr. Johnston, for he was not sufficiently acquainted with him to make any application of his remark. Dr. Silver continued, that he could not accept nor entertain for a moment any such idea. He stated that he had been connected with the medical profession nearly forty years, and that he could recall cases of syphilis which he had treated early in his career, in individuals who were still alive to testify that syphilis was a curable disease; that no sign of its return, or of its continued existence, had ever been manifested in their cases. He could not accept any such

doctrine; it was as abhorent to his feelings as it was improbable in fact.

Dr. W. W. Hopkins, and also Dr. Wm. J. Evans, made some remarks concerning the curability of the "disorder" in question, and both inclined to the view taken by Dr. Silver, viz:—that syphilis could be cured.

Dr. Smith said that it had been his privilege to listen to Dr. Johnston's lectures while a student, and he believed that Dr. Virdin had quoted his views upon syphilis quite correctly.

Dr. Taylor was satisfied in his own mind that syphilis was a curable disease, and quoted some illustrative cases.

Dr. Whiteford, without fully concurring in the general contamination theory or doctrine, was still inclined to the belief that such a condition, through repeated poisonings, might become permanently hereditary, as repeated vaccinations gave protection against smallpox.

The President then requested Dr. Craig, a visiting friend from Columbia, Pa., to state his views upon the subject before the Society. Dr. Craig said that he experienced some diffidence in assuming to enlighten the Society; that he was present for the sole purpose of drinking at the fountain whose waters of wisdom was supplied by others, and not with the expectation of being called upon for the contribution of any part himself. He would say, however, that many of the leading workers in the medical profession, at the present day, were leaning to the general-contamination theory. He had treated a great many cases of syphilis, and was convinced that the cases of Hunterian chancre required a very lengthy course of treatment, much longer than was formerly thought to be necessary, for the eradication of the disease. He was in the habit of using one of the iodides of mercury in the disease. Large doses of the iodide of potassium were usually very effectual in the secondary and tertiary stages; but, in his experience, he rarely found patients with stomachs sufficiently strong to bear doses large enough to accomplish the result. With the increase of his years, and the increase of his observations, he was daily becoming more and more convinced that the results of syphilis were far-reaching, and were being more generally manifested in some or other of its multiform characters, and he felt satisfied that many of the diseases met with in daily practice, and known to the profession and to the public as scrofulous, or scrofula, were simply so called as a polite name, in society, for syphilis. He had no doubt upon this point, and every practitioner could recall cases of the kind.

Dr. Craig cited a case, the facts of which were well established, in which a patient had been apparently cured of primary syphilis, at the age of thirty-five years. The disease remained dormant, without affording the slightest manifestation of its existence until the individual reached the age of seventy-two, when unmistakable tertiary syphilis became thoroughly developed.

In this case, as in the others, had the patient died before the invasion or development of the tertiary symptoms, or before he had reached the age of seventy-two, leaving children begotten subsequently to the primary affection, they would undoubtedly have inherited the disease in some form, known as scrofula, phthisis, or other constitutional disease, the origin of which, in that case, would have remained forever in obscurity. This example may be accepted as an illustration of thousands of others in which the sources of disease cannot be traced.

At the conclusion of the remarks upon Dr. Lee's lecture on "Veneral Diseases," Dr. Lee expressed himself as being highly gratified with the range of the discussion which his paper had brought forth. He also stated that he had been instructed by the various suggestions presented, and felt more than repaid for the time and labor expended in the preparation of his paper.

Dr. D. Preston Wysong next presented the following interesting clinical history of a surgical case which occurred in his practice in August last: he said. "I have to present to your attention a brief history of the case of Charles Cain, the young man who was badly cut up by a drunken companion on the night of August 2d, 1879, a notice of which appeared at the time in the county newspapers.

"When called to visit him, we found him lying by the road side, near St. Ignatius' Church. Upon examination it was discovered that he was in a state of collapse, from loss of blood; the hemorrhage proceeding from five incised wounds. The first of these to which my attention was directed was one penetrating the cavity of the thorax. Commencing below the first rib, and passing over the second, the knife entered the chest wall between the second and third ribs, through into the lung tissue. From this wound all hemorrhage had ceased, except an occasional issue of frothy, arterial blood.

"I immediately proceeded to close the wound, taking care to leave sufficient space between each stitch for the escape of effused blood. I then applied a broad bandage around the whole chest, to lessen its expansive and contractive action. By the judicious use of stimulants, applied over the body, and administered internally, reaction was, in a considerable degree, established. I then had the patient conveyed to his home, a distance of about one mile, after which I dressed the wound upon his arm, which commenced at or near the axilla and terminated at the inner condyle of the humerus. The third troublesome cut commenced over one of the dorsal vertebræ, and ran a distance of about six inches obliquely across the trapezius and latissimus muscles. The remaining wounds were of minor importance. The whole were dressed with glycerine and carbolic acid, applied on lint.

"At this juncture, my friend and preceptor, Dr. R. D. Lee, was called in consultation, when our plan of treatment was agreed upon.

"By careful dieting, with an occasional opiate to relieve the pain and produce sleep, and by the use of gentle laxatives to unload the alimentary canal, convalescence was immediately entered upon, and the patient began to improve, without the slightest evidence of inflammatory trouble until the 16th or 17th day, when I noticed a rapid increase in the number of cardiac pulsations, which led me to suspect the beginning of some internal trouble. After a few days this suspicion became confirmed. A round or oval protuberance ap-

peared above the wound in the chest, which at this time had become nearly cicatrized. It continued to increase in size, and when it reached the dimensions of a common hen's egg, and was in a fluctuating state, we concluded to open it. An incision was made in the most dependent part of the tumor, and was followed by the escape of bloody serum instead of *pus*, as we expected. After considerable discharge we proceeded to close the aperture made by the knife, and await further developments. Within a week or ten days thereafter, the abscess, if we may so call it, commenced to discharge, and the patient lost from half a gallon to a gallon of blood. We directed our attention to this alarming flow of blood, which the patient was now losing through the wound and by the mouth. Our efforts in this direction were successful, through the use of plumbi acetas, for immediate effect, and equal parts of the fluid extract of ergot and the tincture of hyoscyamus, as internal anti-hemorrhagics, with the persulphate of iron as a local styptic. The patient rallied, though there was no diminution in the size of the abscess, which, within a week, began to discharge again, with the loss of about the same amount of blood as before. By this hemorrhage the abscess was entirely evacuated; and now a most remarkable and interesting state of affairs was presented. It was now discovered that a large portion of the lung tissue had been destroyed by gangrene, and the aorta was fully exposed to sight, to the extent of two inches, and its pulsations could be distinctly seen. A small bronchial tube communicated with the external opening, from which air was constantly making its exit. Adhesions had formed between the two pleural surfaces, producing a closed sac, which fortunately prevented, previous to its evacuation, the contents from gravitating to and pointing at the base of the lung.

"At the present time (November) the cavity, which at one time was as large as a *man's fist*, is entirely filled up, and the patient's complete recovery is now anticipated."

Remarks on Veterinary Medicine.

Dr. W. Stump Forwood then read the following paper on Veterinary Medicine:—

GENTLEMEN—The few remarks that we delivered before this Society one year ago, upon the resolutions we then offered regarding veterinary medicine, although very briefly and very imperfectly reported, nevertheless attracted unexpected attention from parties specially interested in the various domestic animals, from students, or young men contemplating the study of the diseases of the inferior animals, and from a leading veterinary college—the Columbia College, of New York. We received several letters on the subject from different sections of the country—chiefly letters of inquiry as to studentship, and as to the best institutions for obtaining a veterinary education.

This interest, excited by so few remarks, shows that the subject is one that the public is now beginning to regard with sentiments of serious consideration. The time has passed when the obloquy and ridicule brought upon the title of "*horse doctor*" by ignorant pretenders can continue to keep aloof the intelligent seekers after truth from the wide and unexplored domain of veterinary medicine. The whole subject has hitherto been brought in disrepute by the gross and criminal ignorance of those who professed its practice, and who have inflicted incalculable injury and suffering upon the helpless dumb brutes that they pretended to relieve.

The day and the hour is at hand when this midnight darkness, which in past ages has wrapped in gloom the diseases of the lower animals, must be dispelled, and those diseases be brought within the light of day. The moneyed interest that men now hold in animals, throughout the world, is almost beyond computation; and money, the great mainspring that moves the affairs of men, will now be brought to bear for the preservation of the health and lives of our animal wealth. The people—and all are interested in some degree, each possessing a dog, or a pig, if nothing else—now demand educated veterinarians. They see no reason why the same amount of ability and of study should not be applied to the detection and cure of diseases of domestic animals as that now devoted, by such a vast army of disciples, to the diseases of the human family. The presumption is that the opprobrium before mentioned as being cast upon the profession by the ignorant has been the chief cause in deterring young men of good talents from entering this field—a field yielding an abundant harvest, and yet with few reapers to secure its golden grain.

We are indebted to the Hon. John Carroll Walsh, of this county, a gentleman well known throughout the State, and who is himself a highly successful breeder of fine stock, for several copies of papers containing articles by different writers on the subject of veterinary medicine. We particularly refer to one paper furnished us by Col. Walsh—*The Turf, Field and Farm*—published in New York. The number for September 5, 1879, contains a very able and exhaustive essay, which was read before the New England Agricultural Society, Worcester, Mass., by F. S. Billings, M.V., of Boston—the first American graduate of the Royal Veterinary Institute of Berlin, Prussia.

Dr. Billings has certainly entered deeply into the research of the early literature relating to the subject of veterinary medicine and surgery; which shows remarkable talent in that direction, and commendable industry on his part. He makes Scriptural references, and states that "the Books of Moses tell the students of the Bible of the numerous animal plagues with which Jehovah punished the Egyptians;" and adds, "These laws warrant us in assuming that the Jewish priests of those early days were well acquainted with the lesions which disease made on animal organisms."

He also affirms that Æsculapius is said to have treated diseased animals as well as man. Dr. Billings adds that "Hippocrates, who lived 460–377 B.C., the father of medicine, and the compiler of all the knowledge upon this subject up to his time, has left records of no mean degree of knowledge of the diseases of domestic animals."

"Aristotle, 384–322 B.C.," continues our author, "the mightiest intellect which graced the

earth from history's beginning until long after the Reformation, and whose work will ever remain a wonder of human achievement, has given us wonderful records of comparative anatomy, and mentions some diseases of the animal world."

Dr. B., in this connection, also mentions the names of those great lights of antiquity in the early history of medicine, Celsus, Galenus, and other Roman medical men; he quotes from the "Georgics" of Virgil; refers to the writings of Cato, Varo, Columella and Vegetius; and adds that "It is in the writings of these authors that we find the words 'veterinarins' and 'veterinaria' first appearing, indicating the Latin origin of our words 'veterinary' and 'veterinarian.'"

The object of Dr. Billings' very able and highly interesting essay is to advocate a "national veterinary police code, with State execution of the laws." Also, he recommends the establishment of a National Veterinary Institute, endowed by and under the control of the government of the United States, with certain limitations to free it from the baneful influence of politics.

The National Police Code looks to the appointment of a National Veterinary Inspector General, "as an incitor and general watchman for the whole country," and also for State Inspector Generals.

Dr. Billings has evidently devoted much time and educated consideration to the details of the practical operations of the National Veterinary Institute, and of the National Veterinary Police Code, as you may judge when we state that his essay occupies nearly ten columns of closely printed matter in the *Turf, Field and Farm*, a paper of considerable size. You will, therefore, understand that, in the brief time and space now at our disposal, we cannot reproduce the merest outline of this essay. The paper is a very able one, as stated before, and should be studied in detail by all interested. The Doctor proposes to contribute liberally, out of his own private means, toward the execution of his plans. We trust that this introduction to it will be productive of good results.

The subject is one that cannot be kept in abeyance much longer. Within a few years veterinary medicine will loom up in its broad proportions, and astonish mankind that the world should have existed so long without it. When we are told from actual statistics how many millions of dollars worth of our domestic animals, in the United States, annually die from absolutely preventable diseases, as well as from those that are curable, the thought should not only occasion surprise and alarm, but should awaken each of us to a sense of responsibility and feeling of criminal neglect. Veterinary medicine and surgery now presents the largest and most profitable field of all the various departments of knowledge for the labors of young men of ability and energy; and now is the time to enter it. The early gleaners will reap the richest reward.

It is highly important that the veterinary profession yet to be developed should have a proper foundation for its future superstructure, and in obtaining this solid basis much more will depend upon the friendly influences and aid of the medical profession than upon any other class. It is our duty to extend the helping hand to our associates in comparative pathology. The same qualities that combine to make a good physician in the human family are all needed for the physician who devotes his exclusive attention to the diseases of the inferior animals. And in so far as the respectability of the two professions (if they can be separated at all) is concerned, we are unable to make any distinction whatever. The respectability of all professions or callings depends entirely upon the character, standing and education of those who practice or follow them. The veterinarian should have the same preliminary education and the same natural abilities that are required to make a good, kind-hearted, and conscientious physician among men. The medical profession proper is now overrun with a very inferior grade of practitioners. The ancient boundaries which formerly hedged in the profession from the intrusion of unqualified and incapable aspirants, by its requirements for a very thorough education, high moral qualities, and quite a considerable monied investment, have, within the last half century, been almost wholly removed, as regards some of the medical schools, at least. Almost any young man, we grieve to say, can now obtain a medical diploma at some of the colleges, without education, without moral character, and without money — "sans everything!" This is a lamentable fact, but still it is a fact. It is to be hoped that higher qualifications will, in the future, be required.

Since our remarks upon the importance of inducing young men to devote their attention to the study and practice of veterinary medicine, delivered before this Society one year ago, and briefly published in the Philadelphia Medical and Surgical Reporter, the very best weekly medical journal that we have any knowledge of—especially valuable to the country practitioner—a very excellent editorial has appeared in that journal, August 9, 1879, entitled, "Veterinary Medicine as a Career for Young Men." This editorial was based, as is stated by its writer, on a pamphlet, entitled "An Appeal to the Citizens of Pennsylvania for the Foundation of a Veterinary Department in the University of Pennsylvania."

We have not seen the "Appeal" itself, but will proceed to give some of the editor's remarks based upon it. The writer begins by stating, "This appeal is timely, able, and ought to be promptly successful. It sets forth in strong, almost startling, language the necessity for an improved condition of veterinary science in the United States, on grounds at once humanitarian and economical; and also the advantage to the young men of this country in thus opening to them a career new, beneficent and profitable.

The writer then proceeds to state that "In 1870 the money value of the live stock of the United States was appraised at a little less than $2,000,000,000, two thousand millions of dollars. The most experienced stock owners estimate the loss annually, from preventable and curable diseases, at from 2 to 7 per cent.; in other words, at from forty million to two hundred and forty million dollars every year."

This is truly a stupendous loss to contemplate; and is especially startling from the fact that it all results from preventable and from curable diseases.

The author continues, "Hog cholera alone, a distinctly preventable disease, taxes the Mississippi Valley at from $20,000,000 to $40,000,000 almost every year. The loss in the single State of New York, from epidemic abortion in cows, has reached as high as $10,000,000 in a single year. The epizooty in horses, in each of its several visits to the United States, has been estimated to have reduced the national wealth over $50,000,000. The immense interests involved in our shipments of live horses, cattle and sheep to Europe, stand in hourly peril of destruction, from the dread of European powers at having epidemic diseases introduced there. These are but a small part of the facts and figures which the 'Appeal' before us marshals to prove the urgent call for immediate and thorough instruction in veterinary science in this country."

In the second place, the writer refers to the humanitarian aspect of the subject, remarking, "The prevention of suffering in the lower animals, as a principle of morals, is a glorious development of modern civilization; it broadens sympathy to all who can feel; it extends charity to the alleviation of every form of suffering; and it does so, not out of superstition, but from a growth of purely ethical considerations. Hence it is that the societies for the prevention of cruelty to animals have taken an active participation in the furtherance of the study of veterinary medicine."

Further on the writer adds: "The 'Appeal' most justly stigmatizes the sort of contempt with which the profession of veterinary science is regarded in the United States. It reminds the reader that in Europe the educated veterinarian is respected and recognized as a man of science; that men of position and of liberal culture, graduates of the most famous universities, have taken it up as their life work, and have shown it to be as dignified, useful and noble as any profession whatever—as any department of business. Hence it is that the appeal is made to young men of good preliminary education and prospects, to qualify themselves in veterinary medicine, rather than to enter the overcrowded, underpaid, uncertain business of the ordinary M.D. More certain pecuniary returns await them, and a greater probability of fame and fortune. Just now this advice is golden. It requires no prophet to predict that in another score of years thousands will be turning their attention to veterinary studies; while now the field is wide and the laborers few, competition is almost unknown, and all the honors are open to the earliest aspirants."

The views here expressed are identical with those that we have entertained and advocated in general conversation during several past years; and it is a subject for rejoicing that the prospects are now so favorable for their early fruition.

Our author adds, in conclusion: "It will not be long before the American public awakes to the need of veterinarians of the very highest education. Who will be the first to secure the honors and emoluments of this new opening for young men?"

We have not learned whether or not the University of Pennsylvania intends to add a veterinary department to its other branches of instruction. It would appear fitting to an eminent degree that this ancient and dignified institution of learning, especially in its medical department, should take the initiative in the establishment of veterinary science in America upon a solid and secure foundation, as it did in first founding medical teaching in the New World. Its honorable and independent position—honorable, from its high-toned record of more than a century of existence, and independent, from large endowments from the State, and from the benevolence of private individuals—would appear to render it best adapted for founding veterinary science upon a secure basis in America, and at the same time secure for it the absolutely honorable status that its inherent character and public necessity clearly entitles it to.

At the conclusion of Dr. Forwood's remarks, Dr. Lee stated that it was a well known fact in history that the great Napoleon paid his veterinary surgeons exactly the same fees, and treated them with the same consideration and respect, socially, as he paid and treated the surgeons who attended his soldiers.

Dr. Lee also remarked, as a single illustration out of many that he might recall, that his attention was not long since incidentally drawn to a suffering horse, an exceedingly valuable animal, which was being heroically treated by persons entirely incompetent and ignorant of the nature of the case, and in such a violent manner as would undoubtedly have caused the death of the dumb patient in a very short time. The Doctor's knowledge of human medical practice enabled him to make a suggestion to the parties in charge which speedily relieved the suffering and saved the life of the noble animal.

Dr. Silver added that veterinary medicine and surgery did not receive the attention which its merits entitled it to, and suggested that we physicians should lend our aid to the suffering animals, whenever possible, until the field becomes properly supplied with educated veterinarians.

Several members of the Society present expressed interest in the subject, and hoped that "Dr. Forwood's valuable paper would not be permitted to slumber here, but that it should be brought out before the general public."

It was then unanimously recommended that the paper be offered to the Philadelphia Medical and Surgical Reporter, and to the Baltimore *Maryland Medical Journal*, for publication.

The following named delegates were elected to represent the Society in the American Medical Association, at its next meeting: Drs. R. D. Lee, H. Clay Whiteford, and W. Stump Forwood. Delegates to the State Medical Society: Drs. W. W. Virdin, W. W. Hopkins, and H. B. Martin.

Before adjourning, Dr. Alex. Craig, of Columbia, Pa., extended a cordial invitation to the Society, to attend the next meeting of the "McCall's Ferry Medical Association," which meets in the latter part of August next, at the city of Lancaster. This Association, of which Dr. Craig was the President last year, and the eminent Dr. John L. Atlee is the president this

year, is entirely social in its character, as was explained by Dr. Craig. It is a meeting to which every medical man is expected to take his wife, or a lady friend. It is a day for relaxation and recreation, spent pleasantly together with physicians from different counties in Pennsylvania and the adjoining counties of Maryland; not for the discussion of professional subjects, but for forming more intimate social relations between physicians who might otherwise never meet, at least, not meet upon such common, independent, and exceedingly pleasant and social ground.

At the conclusion of Dr. Craig's kind invitation, Dr. Forwood stated that it had been his privilege to be present at the last meeting of the "McCall's Ferry Association," which was held at McCall's Ferry, and that he had there passed one of the most delightful days of his professional life. The "Association" had also honored him by placing him upon one of its most important committees. He could assure the Society that all who shall attend the next meeting, at Lancaster, next year, will return feeling fully compensated for the day thus spent.

The President announced Phthisis as the subject to be discussed at the next meeting, and appointed Dr. Virdin as the lecturer for the presentation of the subject.

The Society then adjourned, to hold a special meeting in Bel Air, as per agreement, on the second Tuesday in January.

W. Stump Forwood, *Secretary.*

Editorial Department.

Periscope.

Coto Bark in the Diarrhœa of Phthisis.

Dr. J. Burney Yeo has found coto bark of great efficacy in the graver forms of the diarrhœa of phthisis (*Practitioner*, October, 1879). He says—

I have given it in many cases of apparently uncontrollable diarrhœa, that is to say, cases of diarrhœa which were not controlled by the ordinary remedies, such, for example, as opium, bismuth, tannin, ipecacuanha, etc., and I have found it almost invariably have the effect of arresting the intestinal flux, and of relieving intestinal pain and irritation in a very short time. I say "almost" invariably, for when I first gave it I found no such good result, and on inquiry I found that one of my colleagues had employed it also without effect. This led me to consider the mode of its administration. I found my colleague had given it mixed with other substances and made into pills, and I had given it, in the first cases in which I tried it, blended with the mistura cretæ of the Pharmacopœia. It is deserving of notice, that when given in both these forms it appears inert; and one might have been induced to hastily discard it as a drug without remedial value. This is probably the fate of many valuable medicines which appear to fail; not from want of virtue in themselves, but from want of patience and attention in their mode of administration.

Finding that, the fluid extract contained a resinous element, which was precipitated in tough masses when the extract was carelessly mixed with water, I had the following mixture carefully prepared:—

℞. Fluid extract coto, ♏lx
Comp. tinct. cardamoms, ♏lx.

Mix these together and triturate them slowly with mucilage of acacia, ℥ iij, and simple syrup, ℥ ij. Finally add water to ℥ vj.

A tablespoonful of this mixture is a dose. In this form it is an opaque mixture, with a not unpleasantly warm and aromatic taste. I have usually found two or three doses of this mixture arrest or check the severest forms of phthisical diarrhœa.

The bark is imported from Bolivia, in South America, and the preparation I have used is the fluid extract. The dose is from 5 to 8 minims. An alkaloid *cotoin* has been prepared from the bark, and is reported to have the same valuable properties as the extract of the bark itself, but of that I have no personal knowledge.

The Treatment of Hemorrhoids.

In the *Practitioner*, October, Dr. D. Young, of Florence, speaks favorably of the steady administration of glycerine for hemorrhoids. He adds—

I would call attention to aloes as an aperient in these cases. Out of between thirty and forty cases treated as above, and as many more treated for constipation alone, I have only found one in which aloes seemed to increase the hemorrhoidal trouble. When it is combined with belladonna and quinine, or belladonna and nux vomica, it rarely, as far as my experience goes, causes any trouble in the rectum.

I would only further suggest that much may be done preventively in these cases, and nothing is more useful in this direction than the free use of cold water *immediately* after each action of the bowels. When the hemorrhoids are inflamed warm water is generally more agreeable and soothing, but when they are in a chronic state—giving little or no trouble—the free use of cold water, in the manner presently to be described, will not only be a source of much comfort, but greatly lessen the frequency of the attacks. Not only is there a great deal of neglect in the matter of personal cleanliness, in the present day—at least as far as the bowel is concerned—but many to whom this charge would not apply, equally fail, from want of proper knowledge as to the manner in which the lower bowel ought to be bathed. When the question is put, "Do you carefully attend to bathing the rectum every

day?" the answer invariably given is "Yes;" but when you inquire more particularly, you find that it is done during the ordinary bath, before the bowels have been relieved, or at some other time, having no relation to the hour of defecation. This is where the mistake lies. The moment when the application of a cold sponge to the bowel is of so much value in preventing the formation of piles and in giving relief when they are present, is just the moment *after* the motion has passed. At the instant of the passing of the motion a partial eversion of the lower bowel takes place, and any hemorrhoids which may be lying on its surface come down with it. If paper is used, as is so universally done, in order to cleanse this portion of the rectum, the sensitive mucous lining shrinks from the rough touch of the paper, and the everted portion returns to its place only partially cleansed, and having adhering to its surface particles of fecal matter, which keep up a constant irritation, giving rise to great discomfort, even when no hemorrhoids exist.

In cases of hemorrhoids, fistulæ and ulceration, when I have had occasion to examine the rectum just after a motion had been passed, I have been greatly struck by the amount of fecal matter which was found covering the surface of the sphincters; sometimes completely obscuring a tender ulcer or other abraded part, affording a ready explanation why rectal sores are so intractable in the hands both of the physician and surgeon. I invariably prohibit the use of everything but the wet sponge. If the patient is very sensitive the application of cold water to the lower end of the bowel will sometimes cause colicky pains in the abdomen, in which case I advise tepid water, at least to begin with. All that is necessary is a little vessel about the size of a tumbler, having a lid which fits tightly, and a bit of sponge. The vessel, filled with water, is taken into the closet, and the soaking sponge freely used the moment the motion has passed. Instead of the mucous membrane shrinking from contact with the wet sponge, it appears rather to be soothed by it, and therefore the everted portion of the rectum is thoroughly cleansed before it returns within the bowel. Many have objected to this simple plan that it is troublesome and difficult to manage; but of all those who have adopted it not one but has given the same testimony, viz., that of the great benefits which they have derived from it.

Supraorbital Neuralgia Cured by Nerve Stretching.

Dr. Kocher relates, in the *Correspondenzblatt für Schweizer Aerzte*, November 11th, 1879, the case of a man, aged 32, who had for seventeen years suffered from neuralgia of the right supraorbital nerve. The attacks, at first rare, afterward became more frequent, until at last there were only brief intervals of freedom from pain. All the ordinary therapeutic measures had been tried for years without success. Dr. Kocher laid bare the nerve and three of its branches, by an incision along the upper border of the orbit, and stretched it forcibly by means of an aneurism-needle passed under it. The healing of the wound was attended with abundant suppuration. From the moment of the operation the patient was free from pain, and the neighborhood of the supraorbital nerve was anæsthetic. The patient was last seen three months after the operation; he had had no return of the pain; sensation was diminished over a space ten *centimetres* in extent, but was otherwise perfectly restored. After neurectomy, paroxysms of pain are usually observed during the first few days after the operation. As these were absent in the present case, Dr. Kocher concludes that the lesion of the nerve is less when the nerve is stretched than when it is divided. The value of nerve stretching as a substitute for excision will be greater in neuralgia of the second and third divisions of the fifth nerve, as here a much smaller wound will suffice.

Masturbation as a Cause of Insanity.

At the close of a discussion of this subject, in the *Journal of Mental and Nervous Disease*, October, Dr. Hagenbach makes the following deductions:—

1. That masturbation is an exciting cause of insanity.

2. That in a small percentage certain physical conditions are present, due to the vice, and may prove valuable aids in confirming a diagnosis.

3. That the general health of insane masturbators is always impaired.

4. That the diagnosis in the first stage usually is difficult, and comparatively easy in the second stage.

5. That the prognosis is always unfavorable, unless the practice is discontinued.

6. That daily exercise, carried to fatigue, is an important element in the successful treatment of these undoers.

7. That they are not benefited by removal to an asylum, if allowed to spend their time in idleness.

8. That certain medicines, by improving the general health and removing sexual desire, prove successful in some cases.

9. That cauterization of the prepuce, and physical restraints, as a rule, are impracticable or useless.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The report of the Adams County Medical Society, prepared by Dr. J. W. C. O'Neal, gives a variety of matter of local interest.

——The *Proceedings* of the Philadelphia County Medical Society for 1878 and 1879 appear in a reprint of 114 pp., with list of members, etc., from the press of J. B. Lippincott & Co.

——The *Proceedings* of the 90th annual session of the Medical Society of Delaware are included in a pamphlet of 22 pp. It embraces the minutes and articles on the tongue in malar-

rial diseases, by Dr. Wm. Marshall; on aural catarrh, by Dr. R. J. McKay; on prostatitis, by Dr. G. W. Marshall; and on gynecological subjects, by Drs. Black and Chamberlin.

——The fifth Biennial Report of the State Board of Health of California covers the years 1878 and 1879 to July 1st. Much of the valuable matter in it is owing to the labor of Dr. F. W. Hatch, the permanent secretary of the Board. By writing to numerous practitioners throughout the State, he has collected together a mass of reliable information on the diseases and sanitary condition of the State. We notice that the deaths from consumption are steadily increasing, and the explanation offered—that they are those of invalids who came to the State too far gone to be benefited—is scarcely satisfactory. There are a number of charts, tables and special reports in the volume, which we have not space to particularize.

BOOK NOTICES.

A Treatise on the Theory and Practice of Medicine. By John Syer Bristowe, M.D. London. Second American edition, revised by the author; with notes and additions by James H. Hutchinson, M.D., etc. Philadelphia, H. C. Lea, 1879.

When the author of this work first appeared before the American public, in its first edition, he was known to but few, and his writings stood absolutely on their own merit. It was, therefore, the more complimentary to him that an appreciation of his labors steadily increased as they became more widely known. His accuracy in the portraiture of disease, his care in stating subtle points of diagnosis, and the faithfully given pathology of abnormal processes have seldom been surpassed. It is true that on the matter of treatment he was and is vague and general, to a degree which is frequently disappointing; but the general principles which he defends are certainly excellent.

He embraces many diseases not usually considered to belong to theory and practice, as skin diseases, syphilis, and insanity, but they will not be objected to by readers, as he has studied them conscientiously and drawn from the life.

Speaking from several years' acquaintance and frequent reference to Bristowe's work, we can say that, beginning with some distrust, owing to not knowing his claim to be considered an authority, we have steadily increased in respect for his opinions, and in recognition of the value of his writings.

A Dictionary of German Terms Used in Medicine. By George R. Cutter, M.D. New York, S. P. Putnam's Sons, 1879. Cloth, 8vo, pp. 304.

The title of this book indicates at once its character. The very considerable attention now paid to the study of German medical authors in this country, and the number of medical men who go to Germany to attend special courses, will unquestionably cause a large demand for a book of this kind. From our examination of it, we consider it very complete and accurate—unusually so for the first edition of a lexicographical work. As an aid in reading German writers on professional topics, it will be welcome to many, and will be found quite indispensable.

The German tongue admits of so many compounds, that an aid of the kind is essential to even advanced scholars; and the unconscionable length to which they string out such compounds is well calculated to frighten a beginner; as, for example, *Bauchspeicheldrüsenzwölffingerdarmpulsader*, which single word we find in the pages before us, and the meaning of which we leave our German reading friends to analyze for themselves.

The display and typographical arrangement are excellent, and well calculated to enhance the utility of the book.

A System of Midwifery, including the Diseases of Pregnancy and the Puerperal State. By Wm. Leishman, M.D., etc. Third American edition; with additions by John S. Parry, M.D. Philadelphia, Henry C. Lea.

The popularity which Dr. Leishman's work has achieved since its first introduction to the American public has been well deserved. The author's extended experience, and the care with which he works up the various departments of his subject, are obvious to all who examine his pages.

In this edition the text has undergone careful revision by the author, and the additions made by the late Dr. John S. Parry have been mainly retained, and acknowledged by the author as highly useful in rendering his work of increased value to the American reader. Over two hundred illustrations appear in the work, and most of the recent improvements in the art of midwifery have been fully noted. It is based on the most recent English edition, which has undergone a thorough revisal at the hands of the author and his assistants.

The paper and presswork of the book are of the usual excellent character of the publisher.

THE

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A WEEKLY JOURNAL,

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WHY SCIENTIFIC MEDICINE RECOGNIZES NO FIXED LAWS.

In spite of the general diffusion of knowledge which is the boast of the present day, it is surprising how little the public appreciate the principles which underlie the great change which has taken place in the study of nature within the last century, and to which the marked progress of science is due.

This change was tersely expressed about the first of this century, by a famous line of the poet Schiller—

"Und grau ist alle Theorie."

Expressedlogically, it is the absolute rejection of *a priori* methods of reasoning, the recognition that, in the realm of the phenomenal world, all truth is merely relative, and that no absolute laws, no fixed and unalterable principles, have been or can be discovered. Even the simplest axioms of mathematics are true only when we consider space as having but three dimensions; but we know that space can just as well become the subject of mathematical inquiry when it is assumed to have an indefinite number of dimensions, and, in fact, treatises have been written upon it in this condition.

Hence it is that any so-called "law of nature" never can assume the relation of a dogma, or a matter of faith, to the well regulated mind. Disbelieving in the validity of any alleged *a priori* principle, such a mind is always open to the reception of new facts from any quarter. It becomes a mere question of evidence, and a weighing of probabilities. Does a refined experiment on the power of light seem to be in contradiction to the law of gravitation—the most extended and universal of all known natural laws—the properly trained mind will be perfectly ready to throw overboard the universality of gravitation when verifiable experiments require it. Does a very wide and full induction seem to point strongly to the view that an oyster, by a series of changes, can develop into a man; the cultured intellect merely asks whether the induction is so wide and so full that it overcomes the very large amount of contrary evidence which has been accumulated. If it is, the induction is accepted, not as an eternal and universal law, but as the best possible explanation as yet offered of the isolated facts brought forward. For every fact is isolated, and it should never be forgotten that between cause and effect is an unfathomed chasm which the intellect simply jumps, because it cannot ford.

All this it is especially important for the medical man to remember, for there is certainly no science where the authority of name, of system and of dogma does at this present time more hurt than just in this one of medicine. In the general public, the notion seems hopelessly ineradicable that every doctor must belong to some "school." He is allopathic or homœopathic, botanic or eclectic, hydropathic or heteropathic. When he quietly states that he owns to no school, that he acknowledges no law of disease nor law of cure, that he has no objections to learn from anybody, nor any desire to impose a positive rule on others, he is looked on as either ignorant, eccentric, or dodging the question.

This point is so well put in a recent address by

Dr. Alfred B. Duffin, Professor of Pathology in King's College, London, that we quote his words:

"A reproach constantly leveled at us is, that we possess no system. By this, I take it, the public mean some cut-and-dried series of formulæ, chiefly, if not exclusively, of theoretical origin. They seem to expect from us some thoroughgoing, all-including set of principles, elaborated in our studies, logically and harmoniously, out of our own inner consciousness. So impressed do many seem with the necessity of our fighting under some flag, that they have invented for us the term 'allopathists,' whatever that means. Our answer is, that we labor by the light of nature, and cannot go beyond the facts that have been discovered. Thank goodness, Medicine has done with these falsely called systems. She has suffered enough from them. Their vitality may be ascribed to two causes, the scantiness and tentative character of medical knowledge in times past, and the fact that they satisfy a craving, not only in the popular, but in the medical mind itself. The strength of all depended on the tendency of most functional diseases to spontaneous recovery. Many failed to perceive this, and made the most violent and blundering assaults on their unhappy patients. Homœopathy, the 'system' of the Nineteenth century, is wiser in its generation; it is content to spin theories before the imagination of its believers, and to amuse the patient while the disease runs its own course. Allied to these are those waverers who have dismissed physic and its ways from their thoughts during the day of health, and who have neither firmness nor endurance to support them under suffering. They accept our services eagerly, but quickly become disheartened and wearied; they dismiss us, and run the gauntlet of the quackeries. These are the people who are said to 'try' doctors and systems; who discard number one, about whom they know nothing, in favor of number two, about whom they know less."

So it is, that patients themselves are largely responsible for these false notions about medicine. It becomes, therefore, the duty of the physician to explain, on appropriate occasions, that we have no systems, no faiths, no pretended universal laws, for the simple reason that none of those things can exist in a science. It also becomes his duty to oppose all pretended systems which are based on dogmas, fixed laws, or alleged unalterable principles.

Notes and Comments.

Therapeutical Notes.

RECENT SUGGESTION FOR OZÆNA.

To remove the crusts, Dr. Lennox Browne, (*Medical Press and Circular*, Oct. 15,) uses—

R.	Iodoformi,	gr. v–viij
	Ætheris,	ʒ j–iss
	Ung. petrolei,	ʒ j
	Ottar rosæ,	ɱ vj.

Dissolve the iodoform in the ether, then add the others.

For a post-nasal douche:—

R.	Ammonii chloridi,		
	Sodii boratis,	āā	gr. vi–viij
	Glycerinæ,		ʒ j–ij
	Aquam,	ad	ʒ iv. M.

This amount for two douches, at 95° Fah.

For vapor inhalations, either pine oil, creasote, or benzole, in water, at 150° Fah. should be inspired by nose as well as by throat. To whichever is prescribed, *aldehyde*, in no larger proportion than one drop to each inhalation, should be added, this drug having a peculiar and quite specific effect on favoring fluid secretions in cases of inspissated mucus, and if administered in larger doses, it is apt to produce headache or embarrassment of breathing.

In the *British Medical Journal*, Nov. 1, he gives other formulæ:—

R.	Sodii boratis,		ʒ iij
	Acidi salicylici,		ʒ ij
	Glycerinæ,		ʒ ijss
	Aquam,	ad	ʒ iij.

One or two drachms of this mixture to the half pint of water, at 95° Fah., acted quite efficiently, whether used with anterior or post-nasal douche, or as a gargle; and this form has now been used by him for many months. It has the advantage, over and above its antiseptic qualities, of being not only non-irritating, nor obnoxious in taste, but, on the contrary, of being even emollient, and of agreeable flavor.

MECHANICAL REMEDIES IN HAY FEVER.

Several recent writers report the great relief obtained in many cases of hay fever by filtering the inspired air, either by a veil, the use of a respirator, or, as one suggests, by placing a fine sponge in each nostril, kept moist by pure water, (a little glycerine in it would be better), and accustoming the patient to breathe exclusively through the mouth.

IODOFORM AND QUINIA IN ULCERS.

In foul ulcers, scrofulous sores and sluggish wounds, Dr. C. I. Williams (*Southern Practi-*

tioner, Nov., 1879,) reports excellent results from the following—

R.	Quiniæ sulphatis,	ʒj	
	Iodoformi,	gr.xx.	M.

Dust on the sore several times a day, after a preliminary washing.

A Good Tapeworm Remedy.

Drs. R. Elben and J. Mainzer, of Stuttgart, in the *Wurt. Cor. Blatt*, report excellent results from the administration of the etherial extract of filix mas, or malefern, in 10 gram (ʒiij) doses, for the expulsion of tapeworm.

Dr. Elben was first led to use it in the following way: After having administered 20 grams of kousso to a patient suffering from tapeworm, a large portion of the worm was expelled, but no head could be found, and in about six weeks small pieces began to make their appearance again. He next determined to try the fresh pomegranate root bark, when the patient requested his permission to try the secret nostrum of the tapeworm specialist Lutze, of Braunschweig, to which, for several reasons, he consented. The patient received two vials, the contents of which were to be taken one immediately after the other, before breakfast, in the morning. The tapeworm passed away, with its head, causing no pain or distress. Dr. E. now had the medicine analyzed, and it was found that one of the vials contained 10 grams of extr. fil. mar. æth., and the other 15 grams of ol. ricini with a little raspberry juice. He afterwards obtained similar results with an extract prepared by a druggist in Stuttgart, and Dr. Mainzer likewise succeeded in ridding himself of a tapeworm after having failed with kamala and pomegranate. Both earnestly recommend it to the profession for trial.

The following directions accompany each package containing Lutze's tapeworm remedy:—

The remedy should not be taken during the menstrual period or during any severe illness. In the evening, before taking it, the supper should consist of oatmeal gruel, and a cup of wormwood tea with a tablespoonful of epsom salts should be drunk. The remedy must be taken before breakfast in the morning. The contents of vial No. 1 (ext. fil. mar. æth. ʒiij) should first be swallowed, after having warmed it a little, and vial No. 2. (ol. ricini, ʒivss) must be taken two minutes afterward. After the first stool, another cup of wormwood tea with epsom salts should be drunk. A cup of coffee without milk or sugar may be taken immediately after the medicine, or a lemon may be sucked, to remove the disagreeable taste.

How to Remit Money without Risk.

As the period of the year is at hand when subscribers for periodicals are accustomed to remit for their serial literature, we take the opportunity of announcing that *we assume the risk of all remittances made us*, provided they are made in either one of five ways, to wit, either by postal order, registered letter, draft, check or express. This certainly gives scope enough. We will even assume the risk, if bank notes are placed in a letter *in the presence of the postmaster*, and a memorandum made by him that he receives the letter at the time. But we *cannot* assume the risk of cash supposed to be put in a letter and mailed, or supposed to be mailed miscellaneously. No one should ask us to do so when so many ways are open to every one now to forward by mail with entire safety.

In this connection readers will pardon us for expressing the hope that they will renew their subscriptions promptly, and thus avoid all irregularity in the receipt of their journal. We hope all will write us without our having to remind them again on the subject.

Signs of Death by Drowning.

In the *Annales d'Hygiene et de Med. Legale*, Drs. Bergeron and Montano give the following signs as establishing death by drowning: 1. The presence of frothy foam, not only in the pharynx and the larynx, but also in the bronchi, is the constant sign of death by submersion, whether syncope or asphyxia predominated in the mode of death, and whether the individual was free in his movements or was thrown into the water after having been made insensible by opium or chloroform, or was partly suffocated, or was fettered in his action. This absolute constancy of the presence of foam, whatever the special condition in which the submersion occurred, is, in the opinion of the authors, the single sure uniform sign proving death by drowning. 2. There is always a certain degree of congestion, and sometimes sub-pleural ecchymoses are seen; but these ecchymoses, which give the lungs a spotted or speckled look, are unlike the punctate ecchymoses of suffocation. 3. The intensity of the hyperæmia and the extent of the ecchymoses are always in proportion to the efforts of the animal while struggling against submersion. It is the same also with the human subject, as has been verified in all necropsies made by the authors at the morgue in Paris during the last ten years. This fact permits one at a necropsy to learn concerning what

passed in the last moments of life, to know whether or not the individual struggled long and vigorously during the act of drowning.

On Saccharated Extracts.

This form of preparing medicinal substances promises favorably. In a paper before the American Pharmaceutical Association, Mr. C. S. N. Hallberg thinks that a more equal and uniform preparation than ordinary extracts is the crude drug. The proposed new preparation is a powder of sugar of milk containing the extractive matter of the drug, and of such a strength that the finished product equals in weight the weight of the drug originally used; thus one grain of the saccharated extract will represent the same weight of the crude drug, the inert matter being replaced.

Action of Duboisia and Atropia.

In a study of these alkaloids, in the *Practitioner*, October, Dr. Sydney Ringer reaches the following conclusions:—

Duboisia possesses the same properties as atropia, but is far more powerful than atropia. Mr. Tweedy found this to be the case in regard to the local application to the eye. But while duboisia is far more powerful than atropia on man, the reverse is the case in respect to frogs.

Atropia paralyzes far more powerfully the motor nervous system, the heart and respirations, in frogs, than duboisia.

Correspondence.

Peculiar Sequelæ of Malarial Poisoning.

Ed. Med. and Surg. Reporter:—

Malarial fevers, with their diversity of symptoms and endless complications, constitute at least nine-tenths of the prevailing diseases of this and many other portions of the Southern and Western States. Consequently I deem it a sufficient apology for offering a few facts in reference to the peculiar, and often unlooked-for, effects of malaria upon the human system. I will give a brief history of two cases.

Case 1.—Eddie F., aged 10; white. Parents healthy, and no evidence of constitutional taint. I was called to see him October 4, 1877, and found him suffering with a very common type of intermittent malarial fever: was attacked the preceding day (October 3) with a chill, which was followed by high fever, of several hours' duration. On the day I visited him (October 4) and the day following he had similar attacks, after having taken fifteen grains of quinine, which was given during and after the sweating stage of each paroxysm. As the fever recurred about the usual hour on October 5th, I gave twenty grains of quinine during and after the sweating stage. Visited him October 6th and found him apparently much better. The severe pains of the head, back and bowels, of which he had been complaining, had entirely subsided.

The usual hour for the febrile exacerbation was about passed, and I felt sure that the case was progressing excellently and would soon be well.

Thinking that the patient was safe from another attack I left him, with directions to take some quinine the next day. A short time after leaving the patient I received a hasty summons to visit him, the messenger saying that "the sick boy could not live an hour longer." Wondering what could be the cause of alarm, I returned, to find him unable to speak or even open his mouth; the saliva exuding from his mouth like one with an epileptic fit. His circulation and respiration were normal, and I was puzzled to account for the peculiar condition the case had assumed.

I questioned him in reference to pain; he answered, by shaking his head, that he was not in pain, except slight pain in the abdomen. I tried to open his mouth, but failed, after using considerable force. I remained with him, giving hydrate of chloral and bromide of potassium by enema, hoping that it would relieve the muscles of mastication, deglutition, etc.

This condition of affairs continued three or four hours, and subsided, as did the fever of preceding day. After recovering the use of his jaws he could not swallow for some "little time" afterward.

In answer to my many questions he said that he knew all that we were doing and saying, and that the reason that the saliva came from his mouth was because he could not swallow it, and that he moaned and fretted because he was frightened, and could not speak or swallow.

Thinking that the symptoms were directly or indirectly caused by the malarial poison acting upon the brain and nervous system, I ordered that he should remain in bed until the following day, and take fifteen grains of quinine, in divided doses, with bromide of potassium and belladonna, to anticipate another attack on the following day.

As I feared would be the result, the same condition returned about the same hour the following day (October 7th), with temporary paralysis of the right arm. After three or four hours the symptoms all passed away, leaving the patient not only cheerful and quiet, but entirely free from all the unpleasant symptoms. Treatment continued.

On the following day (October 8th), about the usual hour, and for the same number of hours, all of the symptoms returned, but in a milder degree. At my request for consultation Dr. Murchinson was called. He concurred with me in my diagnosis, and we continued treatment, with the addition of strychnia sulph., grain $\frac{1}{30}$, to be given every six hours.

October 9th. All the symptoms returned at the usual hour and continued the usual length of time, but less severe than on preceding day. Treatment continued.

October 10th. There was no return of symptoms, and patient made a rapid recovery.

Case 2.—Called, September 29th, 1878, to see Mollie B., age 11, white, daughter of healthy

parents. Found her with high fever, having had chills and fever for several days. The parents were greatly alarmed, thinking that she was was dying, and it was almost impossible to persuade them that she was not in any particular danger. Her condition was almost precisely like my first case, except that this peculiar episynanche with trismus came on during the febrile exacerbation. She was entirely unable to open her mouth or to swallow anything.

I saw that the fever was of the intermittent type, and would soon decline, consequently I waited until the fever, and the spasm with it, passed off, which was in a few hours after they came on.

What was noticeable in this case was, that as soon as the fever declined she was restored to perfect quiet and cheerfulness, with the ability to take quinine, which I prescribed, and which entirely prevented any return of fever or other troublesome symptoms. She made a rapid recovery.

I do not offer anything new in the treatment of malarial fever, yet, if by reporting these cases I can help other practitioners to understand these unusual phenomena, and save them the anxiety and suspense which I have felt, it will reward me for my time spent in writing.

P. H. Thompson, M.D.

Bluffton, Clay Co., Ga.

Double Pneumonia and Abortion.

Ed. Med. and Surg. Reporter:—

On the 11th of March I was called to see, with another physician, a white woman, aged thirty-three; skin very hot, both cheeks flushed, eyes suffused, respiration about 23, pulse 120. Complained of severe pain in both sides of the chest. Cough constantly. Both sides dull on percussion, right side more involved. Respiratory murmur at upper part of both lungs very loud, accompanied by some fine crepitation. Tongue very broad and flat, deeply furrowed in centre, base covered with a dense, dirty, brownish fur, lips red, breath very offensive. Diagnosed double pneumonia. Ordered a large mush poultice, to cover both sides of the thorax, to be as hot as the patient could endure it. Acetate of ammonia, in one drachm doses, to be given every three hours. Five grains of dextro-quinine every six hours. Eleven A.M. next day pulse was 120. Right lung more involved, pain more acute, respiration more rapid, mouth dry, tongue more brown, fissure deeper, heat of skin 103½. Ordered poultice to be continued, and increased my dose of dextro-quinine to twelve grains, to be given at once, and repeated in four hours. At nine P.M saw the patient; complained of diarrhœa. Three doses of dextro-quininæ were taken, and the symptoms were much improved. For the diarrhœa a few drops of Monsell's solution of iron were ordered every hour. Nourishment principally consisting of milk. Dextro-quinine was given only twice during the night. On the morning of the 12th symptoms much improved, though the dullness was as great, but heat and restlessness abated somewhat: diarrhœa under control. During the next two days the acetate of ammonia was continued in one-drachm doses, every four hours, five grains of dextro-quinine to be given three times a day.

On the 15th I was called in haste to her. Found pulse 135, respiration very rapid, skin very hot; two slight convulsions came on while I was with her. Ordered beef tea and milk to be given frequently, in small quantities. Tincture of veratrum was given in small doses every hour. Four o'clock I saw her again; was told that labor pains were on her. She was four months advanced. Made a vaginal examination, and found the os dilated, perineum soft and yielding, but little hemorrhage, and before I left the house the fœtus was expelled, minus the placenta. The shock this abortion inflicted on the system was fearful; she became semi-comatose, pulse went up to 150, small and thready, breathing diaphragmatic. Several convulsions then came on. Hard ones were on her in twenty minutes or more. Face was pale, skin of body intensely hot, while the extremities were cold. Something had to be done forthwith, and as I put about as much faith in dextro-quinine as most men do in a good brake on an express train, I poured out what I thought to be a good twenty-grain dose of that drug, which was dissolved in a solution of tartaric acid, and poured it down her throat. This was repeated in an hour. It was certainly marvelous to witness the effects produced. In two hours the pulse was reduced forty beats, and the skin much cooler. Though the convulsions did not entirely subside in that time, they were very much lessened. In three hours more I gave her ten grains again; by night she recovered her senses. Next day I found, to my surprise, that there was very much less solidness of lung than at any other time since I first saw her. I removed the placenta with a hook this day; but very little hemorrhage occurred at any time. The dextro-quinine was now combined with Squibb's tincture of iron, five grains to thirty drops every three hours. From this time on the convalescence went on uninterruptedly. I make no comments on this case, but would ask the attention of the profession to the line of treatment followed, which I believe will be found a successful one in cases, both of double pneumonia, pleuro-pneumonia, intermittent fever, and allied diseases.

L. A. Rutherford, M.D.

Macon, Ga.

The Northwestern (Ohio) Medical Society.

Ed. Med. and Surg. Reporter:—

The "Northwestern Medical Society," of Ohio, met at Lima, Ohio, last week, on Thursday, and remained in session during Friday.

Our meeting was made particularly interesting by the presence of Professors Dawson and Reamy, of Cincinnati. Several valuable papers were read and discussed, as "Specialists;" "Croup and Diphtheria; are they identical or not?" "The Eye in some of its Surgical Relations." A novel, as well as interesting feature of our communications was a paper by a young veterinary surgeon, a graduate of a Canadian institution. The paper was on comparative anatomy, "The Diseases, or some of them, which "Man

and Beast have in common, and their Treatment." The young man, Dr. Smeal, who seemed to be quite competent, was interrogated on several points. Do the veterinarians medicate hypodermically? Answered, they did. What is the comparative dose of medicine as to man and horse? Answered as 8 to 1. Prof. Dawson said he had given 6 grains of morphia, hypodermically, recently, to one of his horses that was in agony of colic and the relief was prompt and perfect, the horse having recovered in a few minutes. The discussion here went off on the comparative merits of the gelding and the perfect horse; as to their comparative usefulness, teachableness and docility. Professor Dawson said that he had tried that, and it was no good; while Prof. Reamy said, when he was in Paris he frequently saw French ladies driving the entire horse: indeed, a thoroughbred French lady would drive no other.

Lima, Ohio. H.

[Dr. TELLOR, in his *Diseases of Live Stock*, p. 44, gives full directions for the use of the hypodermic syringe in horses and cattle.—ED. REPORTER.]

NEWS AND MISCELLANY.

Presentation of the Portrait of Professor Meigs, at the Jefferson Medical College; a Touching Tribute to the Memory of a Deceased Teacher by the Students of his Class. An Interesting Occasion.

At the close of Professor Da Costa's lecture, on Friday, December 12th, 1879, the Trustees and Faculty of Jefferson Medical College stepped into the arena, by previous invitation from the class. At this moment a life-size portrait, in oil, of the late Professor James Aitken Meigs was unveiled, which had been purchased by voluntary contributions from the students in attendance upon his lectures. Professor Wallace announced that the artist, Mr. Pettit, of this city, had never seen Professor Meigs, but had merely a small *carte de visite* vignette photograph as his guide; under these unfavorable circumstances he had succeeded admirably in preserving the likeness of the departed professor. The unveiling of the picture was followed by a murmur of applause. The orator appointed by the class, Dr. H. B. Lowry, of Proctor, West Virginia, now stepped forward, and addressing the President of the Board of Trustees, paid a glowing tribute of honor and admiration to the memory of Professor Meigs, in the name of his fellow members of the class, whose esteem and gratitude had found expression in the presentation of a portrait which in future will prove to be, to those who knew him and to succeeding generations of students, the strongest reminder of the man himself.

Want of space forbids the reproduction of the entire address, which was listened to with deep attention and followed by general applause. We cannot refrain, however, from giving short abstracts, containing some of the references to the late Professor, which will serve to show the sentiments with which he had inspired the minds of the students, and their estimate of his abilities as an instructor. The orator said:—

"Of the sterling worth, of the force of character and the profound learning of our late teacher I would not presume to speak. . . . Intellectually and morally the influence of the teacher upon the student is most potent. . . . Our late Professor had many qualifications of a teacher that were quite remarkable. His systematic method of inquiry, of using facts in hand in ascertaining unknown truths, contributed largely to his success. . . . What man has succeeded in making an abstruse science more comprehensive than did our admired Professor that of physiology?

"The one thing, I am sure, however, that will prove most beneficial to all who had the pleasure of hearing this man lecture, was the interest in the study of physiology which he must have awakened in every mind. No man could have carried a greater enthusiasm into his work than did Dr. Meigs, with what effect you all know. May his healthful influence long be felt in the moulding of many professional lives.

"How his sudden departure from us made every man realize that he had lost a great teacher and a good friend: how his colleagues, by telling the simple story of his life, pronounced the highest eulogies; how a sudden gloom was cast over the Faculty and students of Jefferson Medical College; I need not now dwell upon.

"But, Mr. President, in order to put our admiration in a more tangible form than of mere hollow-sounding epithets, and as a means of recalling pleasant memories to his patrons and colleagues, as well as to the alumni of this institution, and as a legacy to those who may come after us, on behalf of the students of 1879–80, I have the great pleasure of presenting you with the portrait of him who "with learning coupled large integrity," our late lamented teacher, Professor Meigs."

Dr. Gardette, on behalf of the Trustees, accepted the trust, and with some emotion, spoke as follows:—

GENTLEMEN OF THE CLASS OF 1879–80—The Board of Trustees, can but sympathize deeply in this act of grateful and gratifying respect to the memory of your late Professor, Dr. J. Aitken Meigs, which is highly creditable to the students from whom it spontaneously comes, as has just been so eloquently conveyed by their own appointed orator. In the name of the Trustees, I accept and honor this gift to the institution, and return their sincere thanks. The portrait does credit to the artist, and brings back a smile of approbation to his class; it shall have place on the college wall, by the side of other distinguished Professors, who, by their learning and good teachings, have advanced "the Jefferson Medical College of Philadelphia" to its present high standing among the medical schools of our country.

The portrait will be hung in the amphitheatre of the new hospital, which is already adorned by the portraits of Professors Gross and Pancoast, and the former Dean, Prof. Dunglison.

—Inspector Dr. A. P. Brown reports that malarial fevers are prevalent in Texas, but no contagious or infectious disease.

The Audiphone.

This new instrument was tried last week, in this city, at the Pennsylvania Institution for the Deaf and Dumb, by Mr. Richard S. Rhodes, of Chicago, who, having long experienced the privation of infirm auditory organs, invented a carbon disc, the testing of which, as a conductor of sound, was the object of the trial. The apparatus for the experiments consisted of a grand piano and several audiphones. The new invention consists of a vulcanite disc, of say eight by ten inches, attached to which is a handle, which gives it much the appearance of a fan. The material is very flexible, and silken cords on its lower side, fastened to the upper end and concentrating at the handle, serve to bend it to any desirable degree. The vibration of the instrument, which conveys the sound to the auditory nerves by contact with the teeth, is increased in intensity in proportion to the degree to which the audiphone is bent. A clamp serves to secure the string at the desired point. Mr. Rhodes, the inventor, remarked, introductorily, that only those whose auditory nerve was not wholly dead could be benefited. Very few, however, even of those born deaf, are totally without sense of sound; hence nearly all of those educated in the asylums may be taught to speak, inasmuch as their dumbness is owing solely to their want of use of the organs of speech. The results were exceedingly satisfactory, and illustrated fully the value of this new invention.

Marrying Near Relations.

The present king and queen of Italy are first cousins, and their only child is extremely delicate; but so also are both parents. On the other hand, the natives of Pitcairn Island, colonized in 1789 by nine mutineers of the ship "Bounty," are ideals of health, in spite of constant intermarriage. The commander of the British ship "Opal," who quite lately touched at the island, reports the present population at ninety-three, and "all in excellent health." It is remarkable, that with the number of necessarily consanguineous marriages these people do not show the supposed results of such marriages in their offspring. On the contrary, all who have seen the mixed native and English descendants of the original settlers describe them as models of physical strength and perfection, the young girls even being "as strong as horses and as fleet of foot as deer," carrying heavy burdens up and down the rocks with equal grace and ease. Their out-door life, their lovely climate, and their temperate and frugal habits, are the cause.

Measles at Cape Clear.

Measles has been prevalent in a most malignant form at Cape Clear, Ireland. But what wonder? Recent observers say that Cape Clear Island contains about four hundred people, living in wretched hovels. Measles being introduced among them from a neighboring village, the disease assumed a malignant form and attracted the attention of the local government board of health. Dr. Brodie was sent to investigate; he describes, as a type of the dwellings, a cabin fifteen feet long by eight wide and six feet high. In the single room nine persons, men, women and children, sick and well, were huddled together. The one window was permanently closed, and the door and chimney afforded the only ventilation.

OBITUARY NOTICES.

—Dr. W. H. Peckham died suddenly, at his residence in New York city, December 7th. He had retired from practice for a number of years.

—Dr. Edward Strudwick, of Charlotte, N. C., died last week, from a large dose of belladonna tincture taken by mistake. He was 80 years of age.

—Dr. B. Lincoln Ray died at his home in West Philadelphia, on December 9th, at the age of 43 years. He was a son of Dr. Isaac Ray, and was himself a well-educated physician and a cultivated gentlemen. He was well known as a musician also.

—Dr. Enoch Cobb Wines, who was eminent in both the new and the old worlds, from his work in the cause of prison reform, died at Cambridge, Massachusetts, on December 10th. He did good service for the New York Prison Association, for a period of ten years, and in 1870 founded the National Prison Association, of which he was secretary at the time of his death.

—The eminent French physician and naturalist, Dr. Jean Charles Chenu, died recently, at the age of 71. His first publication was a treatise on cholera morbus (1835); his second an essay on thermo-mineral waters (1840). He next applied himself to the preparation of his great folio work, "Conchological Illustrations, or, Description and Figures of all Known Shells, Living or Fossil, with the new Genera and the latest discovered Species" (1842-1847). In 1852 he became librarian of the School of Military Medicine, made the campaign of Crimea in connection with the ambulance service, and was director general of ambulances during the siege of Paris.

MARRIAGES.

HICKMAN—HICKMAN.—At York, Pa., Oct. 30th, by Rev. T. M. Crawford, J. W. Hickman, M.D., and Miss H. J. Hickman, all of York county, Pa.

KARR—KING.—On Thursday, Nov. 27th, 1879, at the residence of the bride's parents, at North Bend, O., by Rev. Ransom E. Hawley, pastor of the Presbyterian church at Cleves, Gen. Chas. W. Karr, and Miss Elizabeth Platt, daughter of Prof. John King, M.D.

SMITH—FERGUSON.—At the residence of the bride's father, in Granger, N. Y., Oct. 15th, 1879, by Rev. Isaac Harris, Mr. Andrew Smith, M.D., and Miss Anastasia Ferguson, all of Granger, N. Y.

DEATHS.

CHATHAM.—In this city, on the 26th ult., at his residence, Benjamin F. Chatham, M.D.

LONGSHORE.—In this city, on 12th month, 5th, 1879, in the 71st year of his age, Joseph S. Longshore, M.D.

MURRY.—Nov. 18th, very suddenly, of heart disease, John S. Murry, M.D., in Murrysville, Pa., in his 53d year.

PECKHAM.—In New York city, on Saturday morning, Dec. 6th, at his residence, No. 185 Fifth avenue, Walton H. Peckham, M.D.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1191.] PHILADELPHIA, DECEMBER 27, 1879. [Vol. XLI.—No. 26.

Editorial Department.

THE CLOSE OF '79.

As the year draws to a close, and a new year and another decade opens, we may congratulate our readers on the brightening prospects which are before them and this country generally at this moment. After a seven years' servitude to "hard times," falling prices, failing business, and scant collections, it looks now as if we are really and permanently entering upon a period when all that will be reversed.

Hearing, as we do, directly, in various business relations, from nearly ten thousand physicians every year, we are in a better position than most, to appreciate the effect which these latter years have had on the incomes of medical men. We know that it has been disastrous, and no class has escaped. The well-established family practitioner of the thriving rural district, the distinguished professor of the city and the specialist of high repute, have, as a rule, experienced a marked and heavy diminution of their receipts, along with the struggling aspirant, the factory doctor, and him whose residence was in the depressed mining region. Two very eminent surgeons of this city, whose names are doubtless familiar to every reader of this journal, have, in conversation with us, estimated the decrease in their receipts at 25 and 33 per cent. Partly this arose from the diminished number of patients from a distance, partly from the inability of those who applied for advice to pay for it as liberally as formerly. In fact, one of these gentlemen said the most eminent members of the profession felt the times most keenly, as so much of their practice was in consultation, and seeing patients from a distance, both of which not absolutely necessary expenditures patients and their families have been obliged to retrench.

With the restoration of a metallic currency, a resumption of regular work by mines, mills and factories, average or excellent crops of cereals and cotton, the development of paying mines, large importations of European gold, and a settled financial policy by the central government, all of which are now ours, it is apparently impossible that that "career of prosperity" which has been so anxiously looked for can delay its appearance any longer. It is here, at our doors, and as 1880 wakes us up on New Year's morn, the beaming infant brings not merely the customary good wishes of the season, but glad and positive promises of many years of cheering progress, of improvement in national and individual enterprises, of comfort, of ample food, of well paid work for the willing, of increased happiness to all who will honestly seek and therefore merit it.

It will not, indeed, come upon our profession with a rush, but slowly, imperceptibly to the impatient, yet for all that, surely; not with the noise and dash of a wave, but like the mighty tide which, gathering its strength far at sea,

climbs the shore with slow and resistless force, keeping right on until its appointed limit is attained.

Therefore, while we labor, we must also wait. The discouraging years have passed; those ahead of us shine with brighter promise, and the wealth which is now so rapidly accumulating in this country is certain to benefit our profession finally, in all its material aspects.

To conclude with a word of ourselves: The approbation of the profession which has enabled us to pass through this gloomy period of our country's history without failing in any of our engagements to our readers or business friends, will, we trust, be continued and increased in the brighter times ahead. No pains will be spared to merit this. The best writers and the most judicious reporters, translators and compilers will be sought for, to aid in the literary management of our periodicals. Improvements in their manufacture will constantly be aimed for; and suggestions from readers will at all times be welcome, and receive careful consideration as to emendation in any of these points. Those who are kind enough to think well of what we have done, will oblige us yet further if they will speak, as occasion offers, a good word for us to their medical neighbors.

Notes and Comments.

Crystallized Salicylate of Physostigmine (Eserine).

From having observed that aqueous solutions of salicylates of alkaloids keep well, Merck, of Darmstadt, was led (*Wien. Med. Presse*) to combine the alkaloid of the calabar bean with salicylic acid. The result was favorable, as he obtained colorless shining crystals, which he had not succeeded in doing from the sulphate. They are soluble in twenty-four parts of strong alcohol and in one hundred and thirty parts of water at ordinary temperature. Dissolved in hot water a 1.5 per cent. solution will, after cooling, keep clear for weeks. It is claimed that a solution of salicylate of physostigmine will not turn red as soon as that of the sulphate, and that the discoloration will be less intense. Its effect is also said to be fully equal to that of the sulphate, and its use attended with less pain. From these considerations Dr. Konigstein, of Vienna, was led to try it, applying a solution of the sulphate to one eye and one of the salicylate to the other, and from these experiments he obtained the following results:—

1. That the pain attending the use of the salicylate is fully as severe as that attending the use of the sulphate.

2. That its effect on the pupil and on accommodation is less, both with regard to duration and energy.

3. That it does not keep any better than the sulphate.

The price of the salicylate is considerably higher than that of the sulphate, and, as it offers no particular advantages, it is not likely that it will come into universal use.

What is Hyalin?

At the last meeting of the Association of German Naturalists and Physicians, in the Pathological Department, Professor Recklinghausen spoke of "Hyalin," a body which is some form of fibrine, and which was described recently by Langhaus as "canalized fibrine." This substance, which is of hyaline structure, is found either in the lumen or in the wall of small arteries, and in areolar tissue in different pathological processes; thus it is found in the kidney in cases of senile gangrene; it is found in aneurismal sacs and in diphtheritic membranes; it is identical with Gull and Sutton's capillary fibrosis, and is evidently related to amyloid degeneration. Experiments on frogs have led Professor Recklinghausen to believe that hyaline is altered cell protoplasm, which leaves the cell without the latter undergoing any material changes.

The Treatment of Diphtheria.

A correspondent in Ohio writes:—

I have been in practice twenty-eight years, and have seen diphtheria, I think, in all stages. I am satisfied that the only treatment that can be depended on here, at least, is nitrate of silver to the throat, when ulcerated; when not, chlorate of potash internally, with coal oil, or anything else externally that will keep it a little irritated; with mercurial enough to make the secretory organs act, and all the quinine the system will bear.

This plan is as good as another, but we doubt if it would have better results than several other and different methods.

The Cause of Scurvy.

Dr. Little, a British medical officer in India, presents some new views on this subject:—

The injurious effects of cold and moisture in the production of scurvy are generally admitted; but, in addition, Dr. Little believes that large quantities of salt in the soil is an important factor in its production. Last year scurvy in Northern India was unusually prevalent, and also the rainfall was unusually heavy, so that the subsoil was saturated with water, and the level of the wells rose to within a few feet of the surface. The salt present in the soil being dissolved by the subsoil water, would naturally find its way to the wells. This view is borne out by the civil surgeon of Akola, India, who arrived independently at the same conclusion after investigating another epidemic of the same disease. It may be observed that Niemeyer has pointed out that scurvy does not depend entirely upon the want of fresh vegetables, for it appears among people whose diet is almost entirely vegetable, but who suffer from destitution and live in cold, damp dwellings, as is the case in the northern countries of Europe, especially Russia.

Triplets and Plural Births.

Dr. H. H. Darr, of Hearne, Texas, reported to the Texas State Medical Association a case of triplets, and remarks on the subject of multiple births—

"The cause of plural births is shrouded in mystery. There appears to be a hereditary influence in some families. Certain seasons seem more fruitful than others. Some localities appear to be more likely to have twin pregnancies than others. The first pregnancy appears more likely to be a multiple pregnancy. 'Newly married women appear more likely to have twins the older they are.' I think multiple pregnancy is more likely to occur in the colored than the white race."

Electricity in Chronic Diseases of the Stomach.

Among the subjects discussed in the Medical section of the German Association, at its last meeting, was "Faradization of the Stomach in cases of Dilatation and Catarrh of the Stomach." The method employed consists in introducing one insulated electrode, which is attached to the tube of the stomach pump, into the stomach, and applying the other electrode to any part of the body. Though it is very doubtful whether, in this case, the walls of the stomach really contract, yet both Kussmaul and Ziemssen expressed themselves in high terms as to the benefit derived from the methodical application of electricity in such cases.

Medical Use of Iodoform.

In the *Med. Central Zeitung*, September 13, Dr. Lindeman makes the important observation that balsam of Peru entirely conceals the odor of iodoform. Two parts of the balsam to one of iodoform are sufficient. In making an ointment or fluid application the iodoform should first be rubbed up with the balsam and the vehicle added. This latter, for an ointment, may be ung. petrolei; for a fluid preparation, glycerine or collodion, or alcohol. As—

R.	Iodoformi,	ʒj	
	Balsami Peruviani,	ʒij	
	Unguenti petrolei,	ʒj.	M.

For an ointment.

Correspondence.

A Case of Laceration of the Cervix Uteri.

Ed. Med. and Surg. Reporter:—

The following case has sufficient of interest to merit preserving:—

Mrs. M., aged thirty-two, consulted me in June last. She was menstruating at the time, and suffering very severe bearing-down pains. The flow was in excess of a proper quantity. She was put to bed, and a large douche of hot water was administered; these douches were kept up, with a few doses of morphia, until the flow subsided. She was confined two years before, and had never been well since. She was *changing* at intervals of sixteen or eighteen days, losing too much blood, and suffering from tenesmus or colic at every change. She had leucorrhœa, backache, pain in the left groin, and was very nervous. I put her uterus, which was retroverted, in position, and cradled it with a double-lever pessary. On the left side of the cervix was a well defined laceration, and the lips of the external os were red and engorged. The hot douches were continued twice a day and the cervix painted with tincture of iodine, at intervals of five days. She took tonics and laxatives until September 23d, when I performed Emmet's operation; four silver sutures were introduced, and the laceration, first carefully denuded, was closed. The sutures were removed on the tenth day; healing was complete, and a few days afterward she went home. All her pain has vanished; she has no more colic or tenesmus: she menstruates at intervals of twenty-eight days, is free from leucorrhœa, and is doing her own work. Her nervous symptoms are gradually disappearing, and she affirms that she begins to feel as she did before her confinement, thirty months ago. She has a slight laceration of the perineum, which she declined to have closed. Ether was administered by Dr. Lippincott and the speculum was held by my nurse.

R. Stansbury Sutton, M.D.,

Pittsburg, Pa.

News and Miscellany.

Roots and Herbs.

The gathering of roots and herbs for medical purposes employs many men, women and children, in the mountainous regions of West Virginia and Kentucky. The reporter of a Cincinnati paper recently interviewed an herb gatherer who brought his products to that city for sale. Ginseng brings to the gatherer $1.00 per pound. It is mostly shipped to China. Indian arrow or wahoo root is used as an antiperiodic, and fetches 10 cents a pound; podophyllum root, 3 cents a pound; prickly ash, used in rheumatism, 6 cents a pound; sarsaparilla root, a "blood purifier," 5 cents a pound; burdock root, for the same purpose, 4 cents a pound; elecampane root, an expectorant, 10 cents a pound: but we quote from the native language of the "yarb digger" himself:—

"Yaller root, which is also known as 'golden seal,' is worth seven cents a pound. It is used fur makin' washes fur sore eyes an' mouth. Burwane root is used in makin' ager medicine: it's hard to git and brings 8 cents a pound. Butternut bark brings as high as 3 and 4 cents; that's what yer physicin' pills is made of; jist bile it down till it gits thick, like a paste, and then roll it into yer pills; it is also used for dyeing purposes. Hoarhound is used in makin' cough syrup; it brings 8 cents a pound, although it is plentiful; some places it grows so thick yer can mow it with a scythe. Another herb is lobelia, and I git 10 cents a pound fur it, but the price is falling. If yer ever want to git rid of what's inside of yer, jist make a tea of lobelia leaves, and I'll bet my team of hosses out there it'll accomodate yer. I brought in a good many Indian turnips this fall and got 8 cents a pound fur 'em; They are used in cough medicines. Silkweed root is used in ager medicine, but it is scarce in my part of the country; it is worth 10 cents a pound. Pennyroyal and peppermint brings 10 cents a pound, but when dry it takes a heap to make a pound. There are a good many kinds of bark used. There's white oak bark, best thing in the world to check the bowels, where it is made into a syrup. Yellow poplar bark used with wild cherry bark, prickly ash, dogwood bark and wahoo, is good for the consumption. Slippery elm bark is ground up and used for poultices; good to take out fever; it's worth 10 cents a pound. Then there's elder bark; take it, beeswax, mutton taller, and a leetle rosin, and it makes the best kind of a salve for fresh cuts. Boneset is an herb that grows about three feet high, with leaves of a milky color; it generally grows in old pastures; it is used for colds, and is worth 6 cents a pound. Old field balsam looks a good deal like boneset, only it don't grow so high; it is used for the same purpose. I've sold lots of catnip to these druggists, but what it is used for, more than ter nourish babies with, I don't know. I sell these fellows here all sorts of roots and herbs, even to mullin and plantain leaves, which they make salve out of. Why, even these old gympsum weeds bring 3 cents a pound, and even sunflower seeds. Why, a couple of years ago I sold two bushels of sunflower seeds fur $21. They buy pumpkin and watermelon seeds also, ter make kidney medicine out of."

Notice to Subscribers.

As the present number closes the volume and the year, subscribers will confer a particular favor by *remitting promptly* for the year 1880. We hope to welcome them all back, with many additional ones. We promise a handsome present to every old subscriber who will remit for a new one along with his own dues for the coming year.

Items.

—"Membranous croup" is prevailing in Milwaukee.

—A case of scarlet fever in a man 63 years of age is interesting Chicago physicians. It excited doubt at first, but on examination was found to be a fact. Such instances are extremely rare.

—The body of a New York merchant was cremated at Washington, Pa., last week, in the Le Moyne Crematory. There are growing indications that a respectable minority prefer having their remains thus disposed of.

—Professor Klinkerfus, of Gottingen, ridicules the notion, to which he gives currency, assigns an English origin, of the danger to the earth from the position of Jupiter, Saturn, Uranus and Neptune. He scouts the idea of the epidemic of the sixth and sixteenth centuries being caused by a similar phenomenon, declaring that such a phenomenon did not then occur, and can only occur, once including a Neptune, but once in 420 years.

OBITUARY NOTICE.

—Dr. Adonijah Strong died at Honesdale, Pa., Dec. 5th. He was born 1800, graduated at Yale, 1820, and from the Medical College of Connecticut, in 1824. He passed his life in practice at Salisbury and Honesdale, Pa.

MARRIAGES.

BENNETT—NOSS.—At the residence of the bride's parents, Ottawa, Kansas, on Nov. 2d, by Rev. Albert A. Bennett, of Yokohama, Japan, Dr. Howard M. Bennett, formerly of Philadelphia, and Miss Lizzie A. Noss, of Ottawa.

WEST—NICHOLSON.—In Ottumwa, Iowa, Oct. 24th, by Rev. C. B. Clark, Samuel West, M.D., and Sarah E. Nicholson, both of Eldon, Iowa.

DEATHS.

EWING.—In New York, on Thursday, December, 11th, in her 20th year, Emily Lacey, wife of Dr. W. A. Ewing.

KING.—In New York, on Sunday evening, December 7th, I. Francis King, M.D., of Wilmington, N. C.

LONGSHORE.—In Philadelphia, on the 5th inst., in his 71st year, Joseph S. Longshore, M.D.

MOLLYNEAUX.—At New Richmond, O., December 2d, after a long and painful illness, Mrs. Susan Kumler, wife of Dr. R. A. Mollyneaux, aged 41 years.

TUTHILL.—In New York, on Wednesday, the 10th inst., Beatrice, infant daughter of Dr. S. B. and Libbie Tuthill, aged 1 month and 3 days.

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Medical and Surgical Reporter.
Vol.41(1879,Jly-Dec.)

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& Medical
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